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Notice of Independent Review Decision

DATE OF REVIEW: 07/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Abdominal MRI and Left Knee MRI

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Abdominal MRI and Left Knee MRI	74181, 73721	N/A	Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury is listed as xx/xx/xx. The records available for review document that on the date of injury, the claimant sustained a crush injury when the claimant was pinned between a truck and a wall.

A CT scan of the chest, abdomen, and pelvis were accomplished on xx/xx/xx, and the study was reportedly described as unremarkable for soft tissue pathology, but there were findings of free fluid throughout the abdomen and pelvis, per a physician note dated 2/16/09.

Surgery was subsequently performed to the abdomen on 7/30/07 in the form of a subtotal colectomy, small bowel infection irrigation, and closure of the abdominal wall.

A left knee MRI was obtained on 9/11/07, and this study disclosed findings consistent with a medial meniscus tear as well as grade III chondromalacia of the patella.

A small bowel series was reportedly accomplished on 10/16/07, and this study did not reveal the presence of any findings worrisome for an obstructive lesion.

A physician assessment dated 2/16/09 documented the presence of a 19 cm surgical scar over the abdomen, and there was pain to palpation of the abdomen. The physician assessment also indicated that there was a history of a degloving injury to the abdominal wall. The physician assessment dated 2/16/09 did document the presence of edema in the left knee, as well as evidence of joint tenderness along the medial

aspect of the left knee.

Item in dispute: MRI of the abdomen and MRI of the left knee

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This case is a very complicated case. The records available for review document the presence of a possible medial meniscus tear in the left knee. In this particular case, a left knee MRI would appear indicated per criteria set forth by Official Disability Guidelines in an effort to fully evaluate the anatomy of the affected knee to determine if there is any significant pathology which warrant additional treatment. Given the complex nature of this case, an updated MRI of the affected knee would presently appear reasonable and appropriate. Additionally, given the complex nature of the injury sustained to the abdomen, in this particular case, a MRI of the abdomen would appear reasonable and appropriate in an effort to objectively evaluate the anatomy of this body region to determine if there is any significant pathology present which would be responsible for the documented persistent pain symptoms. As a result, in this particular case, Official Disability Guidelines would support a MRI of the left knee as well as the abdomen in this complicated case.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG:

Hip and Pelvis Chapter,

Indications for imaging -- MRI (magnetic resonance imaging):

- Acute trauma to the knee, significant trauma (e.g., motor vehicle accident), suspect posterior knee dislocation.

- Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated.

- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary and if internal derangement is suspected.

- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.

- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening)