

SENT VIA EMAIL OR FAX ON  
Jun/19/2009

## Applied Resolutions LLC

An Independent Review Organization

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**DATE OF REVIEW:**

Jun/19/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Repeat MRI Left Knee

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

MRI right knee, 11/13/08

Initial Evaluation, Dr., 12/08/09

Surgery note, 12/19/08

Office notes, Dr., 01/05/09, 01/26/09, 02/02/09, 02/16/09, 03/13/09, 05/04/09, 05/13/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who suffered a work related injury on xx-xx-xx. The claimant underwent a left knee medial meniscectomy on 12/19/08. On a follow-up examination on 01/26/09, the claimant complained of pain in both knees. There was no evidence of infection to either knee. Dr. injected both knees and after 10 minutes the right knee had 100% relief, while the left knee had less than 50%. Since the majority of her pain was from outside the knee and since she has had 2 back surgeries, Dr. felt the most likely cause of her left knee pain was from her back due to pinched nerve and suggested she see her neurosurgeon.

When the claimant saw Dr. on 02/16/09, she had begun to have severe redness and swelling on the right knee and was also having numbness and tingling. This was a new complaint as when Dr. saw her on 02/02/09, she was to return to work effective 02/04/09 and was doing okay. Physical exam on the 02/16/09 showed stable right and left knees. The redness had completely resolved and Dr. felt that the numbness and tingling were radicular in nature.

Dr. next saw the claimant on 03/13/09 and based on her physical exam he felt she was at her

maximal medical improvement. She was given a whole body impairment rating of 2%. When the claimant saw Dr. on 05/04/09, she told him that she had seen her neurosurgeon and he did not think her knee pain was radicular. The claimant also had an episode of diffuse mottling over her legs from thighs down to calves while she was there and Dr. felt that it was vascular in nature. He also felt that the knee pain was not coming from the knee capsule itself as he injected her left knee joint with Marcaine and she still was having pain. Dr. would like the claimant to have another MRI of her left knee to rule out any intraarticular derangement of the left knee. Once that is done, he will refer her back to her neurosurgeon.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The requested left knee MRI is not medically necessary based on review of this medical record. This claimant underwent a 12/19/08 left knee arthroscopy with a partial medial meniscectomy and follow up is through Dr.. The medical records of Dr. do not document any postoperative mechanical symptoms, joint line tenderness, effusion, synovitis or other objective intraarticular findings. Dr. does describe some unusual skin mottling changes which would not have any intraarticular cause. He also gave this claimant a 05/04/09 knee injection to try and decrease pain, but there was no relief and he felt the pain was not coming from in the capsule of the knee. ODG guidelines document the use of MRI testing in patients who have an acute traumatic event or a non-traumatic event where there are mechanical symptoms or the physician has tried to determine a specific reason for a patient's positive physical findings. In this case there really are no true positive intraarticular physical findings documented by the physician, nor does the claimant describe mechanical symptoms. There is no documentation in the medical record of any intraarticular issues and therefore the requested MRI is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates. Leg and Kne

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. If additional study is needed
- 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)

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

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)