

# INDEPENDENT REVIEWERS OF TEXAS, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/26/09

**IRO CASE NO.:**

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

Item in dispute: MRI for lumbar spine, sacral plexus, pelvis, left thigh and leg

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

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Denial Upheld

There was no documentation that that there has been a change of the claimant's neurological condition compared to previous examinations. There were no **Official Disability Guidelines** recommendations that would provide indications for the requested studies.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Hospital, 12/05/07, 01/09/08, 01/23/08
2. Operative report, 02/26/08
3. M.D., 03/08/08, 03/17/08, 04/16/08, 05/05/08, 05/14/08, 06/04/08, 07/09/08, 09/03/08, 02/25/09, 04/29/09, 09/23/09
4. M.D., 04/09/09
5. M.D., 06/25/09
6. 07/07/09
7. P.T., 07/17/09
8. Ph.D., 09/01/09
9. 08/25/09, 09/24/09
10. **Official Disability Guidelines**

## **PATIENT CLINICAL HISTORY (SUMMARY):**

This employee was involved in a motor vehicle accident while working. He had pain in the knee that was treated by Dr.

On 12/05/07, the doctor noted tenderness with medial McMurray Maneuver. The knee was stable and there was very little crepitus.

An MRI was performed, which showed no ligament or meniscal damage. There was moderate fissuring of the patellofemoral cartilage with moderate cartilage loss. There was no evidence of patella dislocation or relocation.

After the employee failed conservative care, he was taken to surgery on 02/26/08 by Dr. for an arthroscopic partial chondroplasty and plica resection. The surgery report noted no ligamentous laxity. There was mild chondromalacia in the patellofemoral joint and a large plica in the suprapatellar compartment. There were no loose bodies, no meniscal tears, and mild chondromalacia in the medial joint.

The employee did not do well after surgery and continued to experience significant pain.

Dr. diagnosed a complex regional pain syndrome in the left lower extremity. A CPM mildly increased his range of motion.

Dr. performed a Required Medical Evaluation (RME) on 12/03/07 and noted coolness in the left leg with discoloration of the skin. There was swelling just above the patella down to the ankles and increased hair growth.

Dr. performed a Designated Doctor Evaluation on 06/25/09 and found the employee not to be at Maximum Medical Improvement (MMI). The diagnosis was not clear and the doctor recommended diagnostic studies. The doctor did say this employee had symptom magnification as a basis for taking strong narcotic medication including Oxymorphone.

Dr. evaluated the employee on 07/07/09 after Dr. performed an EMG that was consistent with a sacral plexopathy. Dr. noted sympathetic over activity with intermittent color changes of the left lower extremity. Sensation was diminished, and the employee had loss of strength in the quadriceps. The doctor recommended several MRI evaluations to see if there was a compressive nerve lesion.

A psychological evaluation was performed by Dr. on 09/01/09, which concluded there was no evidence for symptom magnification or addictive behavior.

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

There has been no change in this claimant's neurologic condition in almost two years. There were no **Official Disability Guidelines** recommendations that would provide indications for the requested diagnostic studies.

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

**1. Official Disability Guidelines**