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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/29/2010

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:

M.D., 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

Official Disability Guidelines 2010 Updates: Chapter knee: MRI
HDI Letters, 11/8/10, 11/4/10
7/21/06, report of lumbar MRI
8/4/06, exam and workers' compensation history form
12/8/06, 6/6/07, 4/4/07, Orthopedics
10/9/08, Impairment Rating/Exam Report
1/21/10, Report of DDE
3/1/10, Dr. Referral Form
4/12/10, 5/13/10, 7/22/10, Office Records, Dr.
6/9/10, 7/14/10, 10/13/10, Office Records, Dr.
7/22/10, Dr. Preauthorization/Treatment Plan
11/3/10, 11/9/10, Peer Review Reports

PATIENT CLINICAL HISTORY SUMMARY

This female was injured on xx/xx/xx when she was struggling with a heavy cart and was hit in her right knee, resulting in pain and injury to her left shoulder, left hand, low back and bilateral knees. With regard to her knee, there is a diagnosis of left knee meniscal strain, possible tear. She is also diagnosed with right knee pain, mechanical symptoms, and possible meniscal tear. Records dating back to 7/21/06 were reviewed. She was seen on

three occasions at Orthopedics from 12/8/06 to 6/6/07 and there was notation of a scheduled left knee arthroscopy for 6/16/07 but the records do not reflect that this was done. A Designated Doctor Exam done on 1/21/10 documented the following diagnostic studies: an unenhanced MRI of the left knee, 11/9/06, showing posterior distal femoral incomplete cortical fracture, adjacent bone edema, a posterior horn medial meniscus tear, a small Baker's cyst, and medial gastrocnemius bursitis; an MRI of the left knee post arthrography, 5/8/07, showing medial meniscus abnormality with increased intensity, most likely contrast inhibition to posterior mid posterior zone, internal half, no tear; an MRI of the left knee 5/28/08 showing a prominent horizontally oriented signal within the posterior horn and body of the medial meniscus suggesting meniscal tear, with ligaments and tendons of the knee intact. The examiner indicated that since a prior evaluation in October 2008, the claimant did not have any new physical therapy or surgery; the claimant apparently reported that she was authorized for left knee surgery but the procedure was unauthorized. Her examination revealed that she was very slow in all movements of her knee, seated active range of motion of the knees of 0 degrees in extension to about 95 degrees of flexion with complaints of pain along the ipsilateral knees, moderate tenderness over the right medial joint line, otherwise knees nontender including the left medial joint line, bilateral lateral joint lines, medial and lateral retinacula, popliteal spaces and patellar tendons, no anterior or posterior laxity of either knee, mild left knee laxity medial and lateral with a hard endpoint and moderate laxity at the medial aspect of the right knee with a mushy endpoint. The impression was of chronic left knee pain/mechanical dysfunction/strain with imaging studies with a medial meniscus tear and chronic right knee pain/mechanical dysfunction/contusion with imaging studies with partial tears of the anterior cruciate ligament and medial and lateral menisci.

After the DDE, there were records from Dr. dated 3/1/10, 4/12/10, 5/13/10, and 7/22/10. The only record that reflected a knee exam was dated 7/22/10 and there was notation of a painful knee and limping gait; it was not clear which knee was being referenced; there was indication at the time of that visit for ESI and physical therapy for the cervicolumbar spine. Dr. notes from 6/9/10, 7/14/10, and 10/13/10 note bilateral knee pain and with regard to the examination, the laterality is not clearly stated. Dr. notes prior diagnostic studies of the right and left knee with notation of meniscal tears revealed on a right knee MRI and an abnormal left knee MRI with indication that from the reports he could not tell if it was an arthrogram. The June 2010 examination findings were of bilateral knee pain with hyperflexion, no effusion, range of motion okay, negative Lachman, positive Apley test, motor and sensation intact, and a normal gait. The impression was of bilateral knee meniscal tears. He noted that she was still symptomatic with mechanical symptoms and recommended arthroscopic surgery (laterality not noted). He noted that he would try to find out if the arthrogram was of the left knee or if she needed a new one. The July 2010 record indicated that she was there for bilateral meniscus tears, noting followup of an MRI that showed abnormal signal and no definitive tear of the meniscus (laterality not addressed). The examination noted medial joint line tenderness, a negative Lachman test, no effusion, and intact motor and sensory exams. The impression was left knee meniscal strain, possible tear. It was noted that the MRI was reviewed in detail, and the recommendation was for observation and exercises, with followup in 2 months, and continued precautions.

The last record from Dr. was dated 10/13/10. There was again notation of bilateral knee pain, with subjective reports of the right one giving out and causing mechanical pain and instability. She reported pain with activities and it was noted that she had several episodes since the last visit. On examination there was tenderness at the medial joint line, pain with hyperflexion, motor and sensory intact, mild effusion, negative Lachman, and a positive Apley test. The impression was of right knee pain, mechanical symptoms, and possible meniscal tear. An MRI of the right knee was recommended based on the continuing mechanical symptoms. Two Peer Review Reports were on file; the report dated 11/3/10 documented the reviewer's opinion that an MRI of the right knee was not medically necessary, and the report of 11/9/10 documented that the MRI of the left knee was not medically necessary. Physician contact was attempted for both of the reviews however was not successful.

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

Repeat MRI is recommended in ODG if there is a need to assess knee cartilage, repair tissue. In this case there is concern over a meniscal tear. There is some report that the patient may have undergone surgery for this problem. This is unclear from the records provided. There is clearly a previous MRI which did demonstrate a meniscal tear. There is no documentation of any left knee pain or mechanical symptoms. Notes document no left knee tenderness.

As there is no documentation of any type of left knee mechanical symptoms or tenderness or a positive McMurray's it is uncertain as to whether or not this patient has undergone previous meniscectomy, a repeat MRI of the patient's left knee is not medically necessary based upon the ODG guidelines. The reviewer finds that Repeat MRI left knee would not be considered medically necessary based upon review of the records provided in this case.

Official Disability Guidelines 2010 Updates: Chapter knee: MRI

Repeat MRIs are recommended if need to assess knee cartilage repair tissue. In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard. (Ramappa, 2007)

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. 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)
- Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007)

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)