

# Becket Systems

An Independent Review Organization  
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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 of the right knee

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

MD, Board certified in Physical Medicine and Rehabilitation with expertise in pain management

**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**

ODG-TWC 2010 Kneee and Leg – Indications for imaging - MRI  
10/19/10, 11/9/10

Occupational Medicine Center, Inc. 10/6/10

Surgery Center 4/6/10

**PATIENT CLINICAL HISTORY SUMMARY**

This claimant fell from an attic on xx/xx/xx. He complained of knee pain. An MRI on 11/3/2009 revealed little pathology based on a previous peer review. He had an arthroscopy on 4/6/2010 which showed only plica – based on a previous peer review. He returned to full duty work in April/May of 2010. There is a request for a repeat MRI of the right knee. There is no indication of acute trauma or additional significant trauma. There is no indication that dislocation or significant structural damage is suspected based on examination.

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

The request for repeat MRI of the right knee does not meet ODG recommendations. The claimant did report knee pain and MRI was obtained with minimal findings followed by an arthroscopy which revealed minimal findings. There has not been additional documentation, examination submitted that supports another MRI. There has been no acute trauma. The trauma from the fall was not significant based on the MRI and arthroscopy. There is no suspicion of knee dislocation. Upon independent review, the reviewer finds that the previous

adverse determination/adverse determinations should be upheld. The reviewer finds that medical necessity for Repeat MRI of the right knee does not exist at this time.

**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)