SIRO

Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 1/18/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The service under dispute includes an MRI with and without contrast of the right hip, knee and shoulder.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Doctor of Chiropractic who has been practicing for greater than 15 years.

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)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of an MRI without contrast to the right knee.

The reviewer agrees with the previous adverse determination regarding all other services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
Health and Rehab and Healthcare.

These records consist of the following (duplicate records are only listed from one source): Perry: 1/4/10 letter by DC, 11/9/09 through 11/30/09 office visit notes by Dr. 11/20/09 ROM test report, 11/10/09 lumbar, right shoulder, chest and pelvic xray reports and phases rehab notes 11/13/09 to 11/30/09.

: 12/18/09 denial letter, 12/9/09 denial letter, 12/23/09 letter by 12/10/09 reconsideration request by Dr. 12/3/09 UR referral sheet, 12/2/09 referral form for MRI testing, 11/30/09 letter by Dr. 11/23/09 script by Dr. 11/20/09 letter by Dr. 11/13/09 script by Dr. and 11/13/09 letter by Dr..

We did not receive a copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:
This case involves a injured worker who was injured on or about xx/xx/xx. The records indicate he was injured when he was walking up a set of stairs when he fell striking his right knee. He then fell to the floor and struck his right shoulder and hip. He presented to the office of Dr. on 11/9/09. He complained of cervical and upper back pain. He reported that OTC painkillers helped. He rated the pain as a 7/10. Neurological testing was within normal limits. Orthopedic testing noted a positive patellar ballotment test. The examiner noted that positive radicular symptoms were exhibited from the shoulder depressor test; however, the radicular symptoms were not tracked to a specific dermatome. The last treatment note of 11/30/09 indicates that the patient had improved to a 5/10 in all areas of pain.

Rom testing was performed 11/20/09 with reduced Rom in all phases of motion of the cervical and lumbar spine. The radiographic report of the lumbar spine and all other areas examined indicates no acute fracture and that all disc heights are within normal limits. Rehab notes of 6 dates were provided; however, they are of limited value as only a check mark was included; therefore, the patient's response to said exercise cannot be truly obtained.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The reviewer agrees with the carrier's reviewers that no objective evidence exists that necessitate the performance of an MRI in the hip or shoulder at this time. However, the reviewer notes that this patient does have signs of swelling of the right knee following a direct blow to this area. The patient has improved but not to the level usually found at this level of treatment after the injury.

The ODG notes the following criteria: Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. It also indicates that acute knee trauma is a qualifying factor for evaluation. The ACR criteria indicate a plain film study to be useful at this point but it further states that this type of injury is best evaluated by MRI. Therefore, the procedure is found to be medically necessary for the knee MRI only. The other procedures are not found to be medically necessary based upon the ODG and records reviewed.

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

- ☐ **ACOEM- AMERICAN 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)** **American College of Radiology (ACR), Expert Panel on Musculoskeletal Imaging. Acute trauma to the knee. Reston (VA): American College of Radiology (ACR); 2001. 8 p.**