



REVIEWER'S REPORT

DATE OF REVIEW: 05/21/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

MRI scan, left knee

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering knee problems

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. TDI referral forms
3. Denial letters, 04/08/10, 04/28/10, and 12/29/09
4. Carrier records
5. Letter, 05/13/10
6. UA determination memos, 04/07/10, 12/29/09, 12/24/09
7. TWCC-69 forms, 03/18/10, 09/23/09
8. Designated Doctor Evaluation, M.D., 03/18/10, 09/14/09
9. TDI request for Designated Doctor Evaluation, 02/13/10
10. Billing records, 01/22/10
11. Pain Management evaluation, Dr. 11/18/09, 09/23/09, 05/06/09
12. Urine drug analysis, 11/18/09
13. TWCC-73, 11/18/09 and 09/14/09
14. Behavioral Medical Service Report, 10/30/09 and 11/20/09

15. Functional Capacity Evaluation, 01/08/09
16. Requestor records
17. Demographics, 04/02/10
18. Clinical notes, D.O., fourteen entries between 04/01/09 and 04/22/10
19. Radiology prior authorization request form, 12/22/09
20. Workers' Compensation information verification form
21. Radiology orders
22. notice IRO, 08/14/09
23. Psychological services, 08/12/09
24. Fax cover sheet
25. M.D., clinical records, 08/06/09 and 05/29/09
26. MRI scan report, left knee, 03/18/09 and 06/27/08
27. Orthopedic Clinic record, 10/06/08
28. MRI scan request, 04/02/10
29. URA records, M.D., clinical note 03/17/10
30. Clinic reconsideration request, 04/20/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male with a history of injury occurring on xx/xx/xx. He suffered a hyperextension and direct blow injury to his left knee while pitching boxes. On 10/06/08 an arthroscopic surgical procedure was performed, which is described as having been anterior cruciate ligament repair and debridement. An MRI scan performed 03/18/09 revealed partial anterior cruciate ligament tear at the distal extent of the anterior cruciate ligament. Clinical note on 03/17/10 suggested the patient may have fallen recently, re-injuring his left knee. He was evaluated on a number of occasions by a number of physicians for chronic left knee pain. He has been treated with TENS unit, medications, work hardening program, physical therapy, and activity modifications. He has persistent complaints of anterior medial knee pain and periodic effusion. His most recent independent evaluation performed on 03/18/10 by Designated Doctor, M.D., placed the patient at maximum medical improvement as of 03/04/10 and assigned him a whole person impairment rating of 8%. The 8% whole person impairment rating was based on a range of motion from 0 degrees extension to only 70 degrees of flexion. On prior occasions there have been multiple requests for repeat MRI scan. The most current requests were submitted, and a denial of this request was performed. It was reconsidered and denied.

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

This patient reports only transient relief of his symptoms after the surgery of 10/06/08. He has had a year-and-a-half history subsequent to that surgery of chronic pain unrelieved by multiple treatment regimens including physical therapy, TENS unit, activity modifications, medications, physical therapy, work hardening program, and other modalities, all of which have failed to relieve his symptoms. Unfortunately, he has been noncompliant with a number of issues in his treatment. However, it would appear that he potentially has a full anterior cruciate ligament tear as opposed to the previously noted

partial tear. It would appear as a diagnostic study a repeat MRI scan is appropriate, considering the patient's subsequent trauma and persistent symptoms.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)