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Notice of Independent Review Decision

DATE OF REVIEW: 02/24/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Magnetic Resonance Imaging of the right knee without contrast under general anesthesia between 2/2/2010 and 4/3/2010

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 03/20/07, 0322/07, 01/25/10
2. 01/26/10, 02/08/10
3. M.D., 02/01/10
4. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This employee has had multiple surgeries on the right knee. His current chief complaint relates to a nontraumatic history of right thigh swelling.

Initial consultation was with Dr. on 12/30/09. Dr. noted complaints of lateral right knee pain. Physical examination showed an alignment with mild varus on the right. He walked with an antalgic gait. He had full extension of 110 degrees of flexion. There was tenderness to palpation both medially and laterally at the joint line. He had a 2A

Lachman. He had a negative posterior Drawer. He had no varus or valgus instability at 0-30 degrees. The doctor noted x-rays that showed previous fixation grooves. The doctor requested standing alignment films, as well as an MRI. The employee apparently has claustrophobia and was not able to participate in the authorized MRI.

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

There were minimal indications for the requested MRI study. There was no evidence the standing alignment films had been obtained. With modern open MRI designs, there would be no reason for general anesthesia. The primary rationale for noncertification is that there has been no justification for a general anesthetic to perform an MRI in a claustrophobic patient.

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

1. Official Disability Guidelines