

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 19, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed MRI Right Knee with contrast

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	MRI Rt knee with contrast		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 43 pages of records received to include but not limited to:
TDI letter 11.12.10; Imaging script; DWC form 69; DDE report 9.28.10; M.D. ,records 7.10.09-10.4.10; FCE report 10.5.10

Requestor records- a total of 84 pages of records received to include but not limited to:
letter 11.4.10; Request for an IRO forms; M.D. records 8.7.09-9.7.10; DWC form 69; DDE report 9.28.10; report 9.13.10; EMG/NCV study 8.20.09; D.C. note 6.23.09; Hospital report 6.8.09-6.17.09; CT Chest, Head, Cervical Spine 6.7.09; x-rays 6.7.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with the September 28, 2010 Designated Doctor evaluation completed by Dr. The date of injury is noted and the sequale include the head injury, surgically treated right shoulder injury and surgically treated knee injury. The pain complaints are from head to toe. The shoulder range of motion testing was equal bilaterally. The Designated Doctor noted that there were blood clots in the right leg, bilateral rotator cuff tears and an L4-5 disc. A repeat MRI of the head was suggested.

After this evaluation, Dr. saw the injured worker in follow-up and noted the suggestions of the Designated Doctor. The injured worker continued on multiple pain medications. The October 26, 2010 progress notes indicate that the physician advisor endorsed a repeat right knee MRI. (The HDi note indicates a non-certification) An FCE was completed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines (Knee Chapter updated 9/24/10) "*Repeat MRIs: Post-surgical if needed to assess knee cartilage repair tissue. (Ramappa, 2007).*" In this case, there is no physical examination reported to support the need to re-evaluate the meniscus. Second, with the history of thrombus, there is no clear indication that surgery would be undertaken. Lastly, when noting the head to toe complaints of pain and no objective parameters to support the claims, then one has to think about secondary gain issues and the very real possibility that any surgery or procedure undertaken will not have a successful outcome. There is insufficient clinical data presented to support this request.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES