



Southwestern Forensic  
Associates, Inc.

Amended November 19, 2010

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 11/16/10

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

MRI scan of the right knee and right ankle

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**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)

There is medical necessity demonstrated for an MRI scan of the right ankle. It is not reasonable or necessary to perform MRI scan of the right knee.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Referral
2. URA findings, 8/31/2010
3. MD, office notes, 8/17/2010 to 9/7/2010

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual sustained a fall on xx/xx/xx, and right knee and ankle pain persisted. An anterior cruciate ligament reconstruction was performed in June 2009, and there is persistent knee and ankle pain. A knee MRI scan was performed on 06/20/10, which was

unremarkable. X-rays of the right ankle were also unremarkable. Physical examination reveals no laxity.

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

ODG criteria are not met for repeat MRI scan in lieu of recent normal MRI scan and no change on physical examination. There is persistent pain and swelling of the right ankle and foot. ODG Guidelines state an indication for an MRI scan is pain of uncertain etiology, particularly when previous plain films are unremarkable. This criteria is met, and it is reasonable to perform an MRI scan of the ankle.

**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.)