

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 09/27/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of left knee, without contrast

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., 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:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
719.46	73721		Prosp		07/08/10 – 07/08/10				Overturn
719.46	73721		Prosp		06/23/10 – 06/23/10				Overturn

INFORMATION PROVIDED FOR REVIEW:

1. IR forms
2. TDI referral forms
3. Denial letters, 07/08/10 and 06/23/10
4. Physical therapy records, 01/04/10 and 12/09
5. Prescription order, MRI scan
6. MRI scan left knee, 11/23/09
7. Clinical records, nine entries between 12/15/09 and 09/15/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who suffered an injury to her left knee on xx/xx/xx, while pushing a rack of clothes. She underwent an MRI scan of the left knee on 11/23/09, which did not reveal meniscal pathology. The patient was treated for left knee pain with physical therapy and medications. Her symptoms of left knee

pain resolved over the next four months. Her symptoms of knee pain have recurred. She is now suffering pain with forced flexion of the knee. McMurray's sign, previously reported as only painful, is now reported as positive. A request for repeat MRI scan of the left knee was considered and denied, reconsidered and denied.

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

This patient has had a recurrence of symptoms of left knee pain. She has also had a change in physical findings with McMurray's sign now reported as positive. Initial complaints included painful locking of the left knee. It does not appear that those complaints are present at this time; however, there are physical findings suggestive of patellofemoral pain syndrome. There has been an evolution of physical findings with McMurray's sign now reported positive, suggestive of internal derangement of the knee. It would appear appropriate to obtain a repeat MRI scan at this time to evaluate the possibility of internal derangement of the knee.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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.)