

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: October 7, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the right knee.

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

DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Physicians, 07/14/10, 08/23/10
- M.D., 06/28/10, 07/15/10
- Texas Workers' Compensation Work Status Report, 06/28/10, 07/14/10, 07/15/10, 08/10/10, 08/23/10
- M.D., 07/14/10
- Sciences Center, 04/30/10, 08/10/10, 08/23/10
- Health System, 08/10/10
- D.O., 08/10/10
- M.D., 08/12/10
- 09/02/10, 09/14/10, 09/17/10

Medical records from the URA include:

- Official Disability Guidelines, 2008
- D.O., 08/10/10,
- Sciences Center, 08/23/10,

- Health System, no date
- 09/02/10, 09/17/10,
- Request For a Review by an Independent Review Organization, 09/24/10

Medical records from the Provider include:

- Sciences Center, 07/30/09, 09/01/09, 09/30/09, 10/14/09, 11/25/09, 12/23/09, 01/27/10, 02/26/10, 04/30/10, 07/14/10, 08/10/10, 08/23/10

PATIENT CLINICAL HISTORY:

To Whom It May Concern:

I have had the opportunity to review the medical records on this patient.

This case resolves around a patient who was struck by an object on the lateral aspect of his knee while at work. The date of injury is XX/XX/XX.

The patient was evaluated by M.D. X-rays disclosed endstage arthritis. Dr. considered a knee replacement early on in the treatment.

It is unclear what exact damage was caused by the striking of the object on the lateral aspect of the knee. Nonetheless, the patient continued to have pain, and therefore, further treatment ensued.

Following physical therapy, an arthroscopy was recommended. The patient did not benefit at all from the arthroscopy.

There were suggestions throughout his medical records that he had evidence of reflex sympathetic dystrophy.

Eventually, the patient was referred to M.D., for an opinion regarding a total knee replacement. Dr. recommended an MRI. This was declined by the carrier, citing lack of evidence and medical necessity.

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

My decision is that the denial should be upheld. The patient has already undergone a diagnostic and operative arthroscopy with excellent visualization of the inside of his knee. No further trauma has occurred subsequent to the arthroscopy, and therefore, nothing further is to be gained by an MRI.

I trust that this will be sufficient for your needs.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)