

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 15, 2010 **Amended Date: September 16, 2010**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MR Arthrogram of the left knee.

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

This physician is Board Certified by American Board of Physical Medicine and Rehabilitation with 14 years of experience.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

There is an Employers First Report of Injury that states the claimant sustained an injury to the head, left knee, lower back and right side of the face when she was assaulted by a patient.

On October 27, 2009, D.C, evaluated the claimant. Impression: 1. Cervical sprain/strain. 2. Thoracic sprain/strain. 3. Lumbar sprain/strain. 4. Lumbar radiculitis. 5. Headaches. 6. Left knee sprain/strain. 7. Possible concussion. 8. Post-concussion syndrome. Dr. stated he would like to see her 3 times a week for 2 weeks to provide passive modalities.

On October 27, 2009, X-rays were performed of the lumbar spine. Impression: 1. No acute fracture or malalignments identified. 2. Degenerative changes in the lower lumbar spine as interpreted by M.D.

On November 5, 2009, X-rays were taken of the cervical spine. Impression: 1. Normal cervical spine as interpreted by, M.D.

On November 5, 2009, X-rays were taken of the left knee. Impression: 1. Normal left knee as interpreted by, M.D.

On November 5, 2009, X-rays were taken of the thoracic spine. Impression: 1. Normal thoracic spine as interpreted by, M.D.

On November 5, 2009, an MRI of the brain was performed. Impression: 1. No stroke, tumor, ischemic change or AVM identified. 2. Sinusitis primarily in the left ethmoid and left frontal sinus, no fluid levels as interpreted by, M.D.

On November 12, 2009, D.O. a neurologist, evaluated the claimant. The claimant presented with complaints of vertigo, headaches, neck pain and poor concentration. Impression: Post concussive syndrome. Dr. prescribed Zanaflex for the headaches and neck pain. If the headaches continue bilateral occipital blocks may be warranted.

On November 18, 2009, the claimant was evaluated by, M.D. for pain management. Dr. prescribed Robaxin for muscle spasms.

On November 20, 2009, the claimant was re-evaluated by, D.C. The claimant was approved for 3 visits a week for 4 weeks.

On December 9, 2009, the claimant was re-evaluated by, D.C. The claimant stated she does not have as much pain in the left levator scapulae insertion as she had before. It is now more in the right side. She has been having involuntary contractions causing foot inversion.

On December 15, 2009, D.O. injected 5 cc of 1% Lidocaine and 5 cc of 0.5% Marcaine in the right and left occipital nerves.

On January 4, 2010, an MRI of the lumbar spine was performed. Impression: At L5-S1 there is broad based posterior protrusion subligamentous disc herniation more prominent in the central and paracentral region measuring 3.5 mm in AP diameter, mildly indenting the thecal sac as interpreted by M.D.

On January 11, 2010, M.D. placed her not at MMI as she needs an MRI of the left knee, neurosurgical consultation for her back and orthopedic consultation of the left knee. He expected her to reach MMI on or about April 11, 2010.

On January 14, 2010, the claimant participated in a Functional Capacity Evaluation. She was consistent in her efforts. The claimant was placed into a sedentary work PDL.

On January 15, 2010, an EMG of the lumbar spine was performed. Impression: Negative for radiculopathy, peripheral neuropathy or motor neuron disease at this time.

On January 19, 2010, M.D., an orthopedic spine specialist evaluated the claimant. Impression: Disc protrusion at L5-S1 level. Dr. recommended continued conservative care and two weeks of work conditioning.

On February 12, 2010, M.D. an orthopedic spine surgeon, evaluated the claimant. Dr. started her on a trial Medrol Dosepak, if that does not work injections into the lumbar spine may be warranted.

On April 19, 2010, M.D. placed the claimant not at MMI stating that she needs 2-3 epidural steroid injections into the lumbar spine. She was expected to reach MMI on or about July 19, 2010.

On May 26, 2010 an MRI of the left knee was performed. Impression: 1. There is a subtle change nonspecific knee effusion with a Bakers cyst. 2. Subtle degenerative signal changes in the posterior posterior horn of the medial meniscus shown. No meniscal tear is identified as interpreted by M.D.

On June 30, 2010, M.D, evaluated the claimant. The claimant's range of motion of the left knee is restricted to -10 degrees of extension and 45-50 degrees of flexion. Impression: Torn medial meniscus, left knee.

On August 2, 2010, DO, a pain management specialist performed a utilization review on the claimant. Rationale for denial: Per ODG guidelines, MR arthrography is not recommended for patients unless there is evidence of prior meniscal repairs. A recent clinical note focuses more on the low back and neck and no physical exam of the knee was performed. Therefore it is not certified.

On August 20, 2010, M.D., an occupational medicine specialist performed a utilization review on the claimant. Rationale for denial: According to ODG guidelines, MR Arthrogram is only recommended for meniscal repair and a meniscal resection of more than 25%. There is insufficient clinical evidence submitted for review that demonstrated the claimant had undergone any previous meniscal repairs.

PATIENT CLINICAL HISTORY:

On the claimant sustained an injury to the neck, low back, left knee and face when she was physically and verbally attacked by a psychiatric patient that was about 300 pounds.

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

The previous decisions are upheld, based on the ODG Guidelines, MR Arthrography is only recommended for claimants with a meniscal repair/resection of more than 25%. There is no documentation provided that the claimant has undergone any previous meniscal repairs or resections.

Per ODG Guidelines

MR arthrography

Recommended for meniscal repair and meniscal resection of more than 25%. All patients with meniscal repair required MR arthrography. All patients with meniscal resection of more than

25%, who did not have severe degenerative arthrosis, chondral injuries, or avascular necrosis required MR arthrography. Patients with less than 25% meniscal resection did not need MR arthrography. ([Magee, 2003](#))

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)