

SENT VIA EMAIL OR FAX ON  
Aug/17/2011

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/11/2011

**IRO CASE #:**

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

Outpatient MRI of Right Knee

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

D.O. board certified orthopedic surgery

**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**

OD Guidelines

1. Cover sheet and working documents
2. MRI right knee without contrast dated 07/17/07
3. Progress notes Dr. dated 07/25/07-06/27/11
4. Radiographic report right knee 2 views dated 07/25/07
5. Radiographic report right knee 2 views dated 08/29/07
6. Radiographic report right knee 2 views dated 09/26/07
7. Radiographic report right knee 2 views dated 10/29/07
8. Radiographic report right knee 2 views dated 12/17/07
9. Radiographic report right knee 2 views dated 01/12/09
10. MRI right knee without contrast dated 01/13/10
11. Texas worker's compensation work status report dated 03/08/10
12. Physical therapy progress notes
13. MRI right knee dated 04/15/10
14. Operative report for right ACL reconstruction using autograft hamstrings with a neurectomy with infrapatellar branch of the resection of the neuroma of the infrapatellar branch of the saphenous nerve dated 02/22/11
15. Notice of intent to issue an adverse determination dated 06/23/11
16. Notice of Utilization review findings for outpatient MRI of right knee dated 06/24/11

17. Notice of intent to issue an adverse determination dated 07/18/11
18. Notice of utilization review findings for appeal outpatient MRI right knee dated 07/19/11
19. Letter from Attorneys At Law
20. ODG records

#### **PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male who reportedly sustained a twisting while lifting injury to the right knee on xx/xx/xx. He has a history of previous injury to the right knee on 07/16/2007 when he sustained a tibial plateau fracture. The injured employee is status post right ACL reconstruction with resection of the infrapatellar branch of the saphenous nerve performed 02/22/11, followed by postoperative physical therapy. The injured employee was seen for repeat examination of the right knee on 06/17/11. He was reported to be doing poorly. Range of motion was 0-120 degrees. He feels like he has a lot of weakness in the knee. He reports a complete numb spot where the neuroma excision was performed, but is having a lot of pain over the tibial tunnel. On examination there was tenderness over the tibial tunnel. He has a solid Lachman's, and was stable to varus and valgus stressing. There was exquisite tenderness to the knee. Impression was possible recurrent injury to the right knee. A repeat MRI was recommended to evaluate the integrity of the knee.

A Notice of Utilization Review Findings dated 06/24/11 determined that the request for outpatient MRI of the right knee was non-authorized. The reviewer noted that x-rays were non contributory. An MRI of the right knee from just very recently 4/25/11 showed nothing significant. There is worsening pain, but no other progressive pathology since the last very recent MRI.

A Notice of Utilization Review Findings dated 07/19/11 determined that the reconsideration request for outpatient MRI of the right knee was non-authorized. It was noted that the injured employee was re-evaluated on 06/27/11 stating that the injured employee did not have an MRI on 04/25/11 postoperatively and that the reason for repeat MRI was due to continued pain along the tibial tunnel of the knee, and to ensure that he does not have graft failure or a cartilaginous injury to the knee. The reviewer determined that a repeat MRI of the right knee is not medically indicated and appropriate for this male. There has been documentation of an anterior cruciate ligament reconstruction and a resection of infrapatellar branch neuroma of the saphenous nerve. The injured employee had done well as noted on 03/07/11 and 04/18/11, and on 06/17/11 and 06/27/11 was noted to be doing poorly. No interval trauma had been noted. There was exquisite tenderness around the knee, and there was concern that this could be nerve related. There was no neurologic examination available for review. There was mention of an effusion, but there has been no documentation of any incompetence of the ACL ligament thus far. It was unclear if radiographs have been reviewed in this evaluation. It was determined that there was not clinical information to indicate a need for MRI imaging of this knee based upon the medical records available for review.

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

Based on the clinical data provided, medical necessity is established for outpatient MRI of the right knee. The injured worker underwent surgical intervention on 02/22/11 with ACL reconstruction using hamstring autograft with resection of neuroma of the infrapatellar branch of the saphenous nerve. Following surgery the injured employee initially did well, but then developed weakness and pain over the tibial tunnel as well as a numb spot where the neuroma excision was performed. The injured worker was unable to continue post-op therapy due to right knee problems. The proposed MRI is indicated as medically necessary to assess current status of the knee and to determine appropriate treatment plan.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH**

**ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**