

Notice of Independent Review Decision

DATE OF REVIEW:

01/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI right knee

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: Upheld

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.

MRI of the right knee is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral forms
- 12/21/10 MCMC Referral
- 12/21/10 Notice To Utilization Review Agent of Assignment of Independent Review Organization, DWC
- 12/21/10 Notice to MCMC, LLC of Case Assignment, DWC
- 12/21/10 letter
- 12/21/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 12/16/10 Reconsideration/Appeal of Adverse Determination letter,
- 12/08/10 Request For A Review By An Independent Review Organization
- 12/06/10 Utilization Review Determination letter,
- 11/29/10 (fax date) Referral Request with office note, MA, Medicine Associates
- 01/28/10 Report of Medical Evaluation, DWC
- 01/28/10 Work Status Report, M.D., DWC
- 01/28/10 designated doctor exam from M.D.
- 01/28/10 Report of Medical Evaluation
- 01/28/10 Functional Capacity Evaluation Summary Report, Nolan Physical Performance
- 01/14/10, 12/30/09, 12/07/09 office notes, M.D., Medicine Associates
- 01/14/10 Work Status Report, M.D., DWC
- 01/14/10 Fax cover sheet with note from M.D., Medicine Associates

- 12/30/09, 12/07/09 office notes, MA, Medicine Associates
- 12/11/09, 10/16/09 letters from M.D., Orthopedic Associates
- 12/11/09, 10/16/09 office notes, M.D., Orthopedic Associates
- 11/25/09 Clinic Consultation, M.D., Pain Medicine
- 10/16/09 Work Status Report, M.D., DWC
- 08/13/09 Operative Report, M.D. (poor quality)
- 06/12/09 MRI right knee, Imaging
- 12/05/08 MRI right knee, Imaging
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury xx/xx. He had two right knee scopes, the last in 08/2009. His orthopaedic note of 12/2009 stated he needed a brace and physical therapy (PT) but no further surgery was indicated. He was seen two weeks later by the provider requesting the new MRI. He noted edema, positive Apley and Drawer signs. These continue to be present.

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

The injured individual had his last scope in 08/2009. He had an orthopaedic evaluation in 12/2009 which stated no further surgery was indicated. His exam in 01/2010, a few weeks later, indicated the same findings as now with edema, positive Apley, positive Drawer sign. He has noted pain out of proportion to his findings. He has no evidence of Chronic Regional Pain Syndrome (CRPS). There is no further suggestion of surgery or new injury therefore there is no medical necessity for a third MRI.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. (ACR, 2001) See also ACR Appropriateness Criteria™. Diagnostic performance of MR imaging of the menisci and cruciate ligaments of the knee is different according to lesion type and is influenced by various study design characteristics. Higher magnetic field strength modestly improves diagnostic performance, but a significant effect was demonstrated only for anterior cruciate ligament tears. (Pavlov, 2000) (Oei, 2003) A systematic review of prospective cohort studies comparing MRI and clinical examination to arthroscopy to diagnose meniscus tears concluded that MRI is useful, but should be reserved for situations in which an experienced clinician requires further information before arriving at a diagnosis, and indications for arthroscopy should be therapeutic, not diagnostic in nature. (Ryzewicz, 2007) This study concluded that, in patients with nonacute knee symptoms who are highly suspected clinically of having intraarticular knee abnormality, magnetic resonance imaging should be performed to exclude the need for arthroscopy. (Vincken, 2007) In most cases, diagnosing osteoarthritis with an MRI is both unnecessary and costly. Although weight-bearing X-rays are sufficient to diagnose osteoarthritis of the knee, referring physicians and some orthopaedic surgeons sometimes use magnetic resonance imaging (MRI) either with or instead of weight bearing X-rays for diagnosis. For total knee arthroplasty (TKA) patients, about 95% to 98% of the time they don't need an MRI. Osteoarthritis patients often expect to be diagnosed with MRIs, and this demand influences MRI use. Average worker's compensation reimbursement is also higher for the knee MRI (\$664) than for the knee X-rays (\$136). (Goldstein, 2008) Repeat MRIs are recommended if need to assess knee

cartilage repair tissue. In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard. (Ramappa, 2007)

Indications for imaging -- MRI (magnetic resonance imaging):

- Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation.
- Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.
- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected.
- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.
- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).
- Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007)