

# US Resolutions Inc.

An Independent Review Organization  
1115 Weeping Willow  
Rockport, TX 78382  
Phone: (512) 782-4560  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** March 2, 2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
MRI RIGHT KNEE

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
M.D., Board Certified Orthopedic Surgeon

**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**

Orthopedics-Orthopedic Report Dr. MD: 12/03/10  
MRI Request Diagnostic: 12/23/10  
Services Referral Form: 12/29/10, 01/28/10  
Peer Review Report Solutions Dr., DO Medicine: 12/29/10  
Recovery Clinic Dr. MD: Appeal Letter 01/17/11  
Peer Review Report Solutions Dr. MD Family Medicine: 01/26/11  
Official Disability Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured at work on xx/xx/xx. He sustained thoracic, lumbar, coccygeal, left hip and right knee injuries after tripping over a box. He twisted his right knee and subsequently fell. The claimant is status post lumbar laminectomy and discectomy performed on 10/13/10. His current diagnosis is right knee pain; internal derangement right knee.

On 12/03/10 the claimant was seen for post-operative follow up by Dr. MD at which time Dr. noted that the claimant was doing well from his recent lumbar surgery. The claimant presented with ongoing right knee pain, which he rated at 6/10. The claimant reported discomfort with walking as well as an occasional popping and locking of his right knee with the feeling of giving way. Dr. examined the claimant, which showed weakened motor strength on the right mostly due to his right knee. Sensation was intact. There was tenderness over the medial and lateral aspect, limited range of motion from 0 degrees extension to approximately 115 degrees of flexion with pain. There was also pain with varus and valgus stress with a mildly positive medial McMurray's sign. There was not any instability noted. Dr. diagnosis was internal derangement of the right knee. Dr. ordered an MRI of the right knee, continuation with anti-inflammatory medication and additional therapy for the lumbar spine.

Review of records revealed that the request for the MRI of the right knee was denied per Peer Review on 12/29/10 based on the clinical information submitted for review. Discussion with Dr. did not occur at this time. A letter of appeal for reconsideration was submitted on 01/17/11 by Dr. MD. Dr. noted the claimant had lumbar surgery on 10/13/10. Dr. stated that since the claimant had made some progress with his back, the complaints of ongoing right knee pain could now be further investigated.

On 01/27/11 a second Peer Review was performed and the request for the MRI was again denied based on the submitted information. Physician discussion did occur with Dr. at which time Dr. indicated that the claimant had knee pain since his initial injury. It was thought that the right knee pain was attributed to his back. In the absence of baseline diagnostic radiographs, conservative treatment and lack of significant objective exam findings the MRI was once again denied.

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

The claimant had a trip and fall episode reported on xx/xx/xx. Dr. on 12/03/10 noted tenderness over the medial lateral joint lines. There was also pain with varus and valgus stress testing, with a mildly positive medial McMurray's sign. They were concerned about internal derangement and recommended anti-inflammatory medications and MRI. The claimant has recently had surgical intervention of the lumbar spine.

In this case it is not clear if the claimant has had a plain radiograph of the knee to assess the reports of symptomatology and any active physical therapy, range of motion, stretching, home exercise program. Thus the ODG indications for MRI have not been satisfied. The reviewer finds there is no medical necessity at this time for MRI Right Knee.

Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates Knee and Leg Chapter

MRI's (magnetic resonance imaging)

Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI.

Indications for imaging -- MRI (magnetic resonance imaging)

- Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption
- 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)

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

ACOEM-AMERICA 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)