SENT VIA EMAIL OR FAX ON
Apr/27/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI Left knee

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. Utilization review worksheet 03/08/11
2. Facsimile transmittal sheet
3. Utilization review determination 03/11/10
4. Pre-authorization request form 03/08/11
5. Preferred imaging request form
6. Office notes Dr. 02/22/10 through 03/07/11
7. MRI left knee 12/09/09
8. Utilization review worksheet 03/28/11
9. Utilization review determination 03/30/11
10. Pre-authorization request form/appeal 03/21/11

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a female whose date of injury is xx/xx/xx. The mechanism of injury is not described, but the injured employee is noted complain of left knee pain. MRI dated

12/09/09 revealed grade 3/grade 4 patellar chondromalacia and medial femoral condylar chondromalacia; no knee joint effusion or loose intraarticular body; intact menisci, cruciate and collateral ligamentous structures; appearances suggestive of patella baja variation. Clinic notes from 2010 indicate that the injured employee had a cortisone injection that helped more than 50% with her left knee pain. The injured employee was noted to be working regular duty, with still some occasional pain with activities. Left knee examination on 03/08/10 reported no effusion. The injured employee was non-tender at the patellar facets. Active range of motion was 0-126 degrees. There was tenderness along the medial joint line; negative McMurray's. The injured employee was seen on 02/14/11 and states about six weeks ago she started having worsening pain in the left knee. The injured employee denies any locking or swelling. On examination of the left knee there was no effusion, no redness or increased warmth. She was tender at the medial patellar facets. Active motion was 0-124 degrees. The injured employee was very tender along the medial joint line. There was no instability. McMurray's was negative. The injured employee was given Voltaren gel. She was seen in follow up on 03/07/11 and reported that Voltaren gel helped only when she was using it. Left knee exam was unchanged from previous exam.

A request for MRI of the left knee was reviewed by Dr. on 03/11/11 and the request was determined as not medically necessary and appropriate. Dr. noted that injured employee had prior MRI of the left knee in 12/09 which showed grade 3 and grade 4 chondrosis already present. The benefit from a plain MRI is not able to be determined. Further validation including any prior operative records is needed.

A reconsideration request for MRI of the left knee was reviewed by Dr. on 03/30/11, and the reconsideration request was determined as not medically necessary and appropriate. Dr. noted that records did not reflect a reinjury of the knee. The injured employee has undergone previous MRI of the knee which revealed chondral changes. Dr. noted that Official Disability Guidelines would not support repeat MRI of the knee unless it was needed to evaluate post-operative changes or if there were acute findings on physical examination. The injured employee has negative McMurray's test with only mild tenderness in the medial joint line and along the patellar facet. Accordingly physical examination findings do not warrant repeat MRI of the knee.

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

The clinical data submitted for review does not support a determination of medical necessity for MRI of the left knee. The injured employee was noted to have sustained an injury on xx/xx/xx. An MRI performed on 12/09/09 revealed chondromalacia patella as well as chondromalacia of the medial femoral condyle, grade 3-4. There was no knee joint effusion or loose intraarticular body seen. The menisci and ligamentous structures were intact. The records indicate approximately one-year lapse in treatment. The injured employee presented in 02/11 reporting worsening knee pain over the past six weeks. There was no indication in the records that the injured employee sustained a reinjury of the knee, or that there had been any surgical intervention. Examination of the knee was essentially the same as previous examination a year earlier. Given the lack of significant change in clinical exam findings and no evidence of prior surgery, repeat MRI of the left knee is not medically necessary.

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