

SENT VIA EMAIL OR FAX ON
Nov/15/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right Knee MRI

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

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

Request for IRO dated 11/01/11

Utilization review determination dated 09/26/11

Utilization review determination dated 10/14/11

MRI right knee dated 03/23/06

Clinical records dated 03/06/06-10/05/11

Operative report dated 03/21/06

MRI right knee dated 07/27/06

MRI right knee dated 08/08/07

Operative report dated 10/23/07

MRI right knee dated 01/08/08

Operative report dated 06/12/08

MRI right knee dated 11/24/08

Impairment rating dated 06/29/06

Physical therapy treatment records

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who has date of injury of xx/xx/xx. On this date he is reported to have sustained an injury to his right knee. He turned, his hip popped, and his knee gave way. He has history of knee injury in 2002 where he had arthroscopy. He subsequently was referred to and taken to surgery on 03/21/06 where he underwent arthroscopy with partial medial meniscectomy with debridement, chondroplasty of patella and medial femoral condyle. He

had 6-8 weeks of postoperative physical therapy. Records indicate the claimant returned to full duty without restrictions. The claimant was ultimately provided impairment rating.

On 07/27/06 he was referred for MRI of right knee for increasing pain. This study notes chondromalacia of medial and lateral joint compartments without evidence of recurrent meniscal tear. He was again referred for MRI of right knee on 08/08/07. This study notes a Baker's cyst with small subchondral cyst over medial femoral condyle, oblique tear involving inferior surface of posterior body of posterior horn of medial meniscus with minimal chondromalacia of patella. The claimant was ultimately returned to surgery on 10/23/07 and underwent right knee examination under anesthesia, arthroscopy, excision of torn medial meniscus, debridement of chondromalacia patella and lateral tibial plateau. The claimant was again referred for MRI scan of right knee on 01/08/08. There are findings suspicious of re-tear of posterior horn of medial meniscus but this is relatively horizontal. There is no evidence of lateral meniscus tear. The claimant was returned to surgery on 06/12/08 and underwent examination under anesthesia, arthroscopy, and excision of torn medial meniscus. Postoperatively the claimant is reported to have continued issues with standing for long periods of time. He was again referred for MRI of right knee on 11/24/08. This study notes loss of articular cartilage of the medial compartments, increased signal in medial femoral condyle and tibia plateau which has progressed, no specific meniscal tear was identified on this study. There was small suprapatellar effusion. On 11/26/08 it was noted he had bone on bone findings with posttraumatic osteoarthritis. He is reported on 04/07/10 to have 2 month history of worsening knee pain. He reported his knee gives out. He has good range of motion, good quad control, minimal crepitus, some popping on full extension. He was referred for MRI again. Most recent clinic note dated 09/19/11 notes the claimant has full extension and flexion to 130 degrees. He has minimal crepitus, popping on full extension. He complains of pain on full extension. Radiographs show good maintenance of joint space with no bony spurring. It is reported there is no bone on bone contact. He is to be referred for MRI of right knee.

The initial review was performed on 09/26/11 by notes the claimant was injured in 2006 and request is for outpatient right knee MRI. However, it is noted the doctor found little changes from previous examinations. He has more subjective complaints including knee giving out with brace on. He has popping. His last MRI was a year ago. Radiographs showed maintenance of joint space without bony spurring or narrowing or bone on bone contact. He subsequently non-certified the request.

The claimant was subsequently seen on 10/05/11. He is noted to have history of 4 surgeries. On previous visit dated 09/19/11 it was recommended he undergo MRI of right knee which was denied by compensation carrier. He had x-ray of right knee showing good maintenance of joint space without spurring or bone on bone contact. Physical examination showed good quadriceps control, full extension and flexion to 130, minimal crepitus, some popping on full extension, bony effusion, and no calf tenderness.

The appeal review on 10/14/11 was non-certified. It was noted there was no evidence to support previous request. He noted for appeal there were several records sent including arthroscopic follow-up notes. He is noted to have increased symptoms in past and now has increased symptoms again. He opines his historical exam findings are minimally presented, and medical necessity of the request is not established.

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

The request for outpatient right knee MRI is not supported as medically necessary. The submitted clinical records indicate the claimant has undergone 3 arthroscopic surgeries secondary to work place event and history of a 4th prior to this. The claimant has undergone multiple imaging studies for recurrent pain, all of which have ultimately led to repeat procedures regarding right knee. The submitted clinical records indicate the claimant's condition is stable. He is noted to have waxing and waning symptoms in knee, but no significant objective findings on examination indicating presence of new pathology. There is no data to establish the claimant's knee is locking or other conditions that would warrant

repeat MRI of knee. The previous determinations were appropriate and consistent with ODG guidelines. Therefore, previous determinations are upheld.

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)