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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 26, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed outpatient right knee repeat CT scan with arthrogram

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

☐ Upheld (Agree)

XX Overturned (Disagree)

☐Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
836.0	right knee CT scan with arthrogram		Prosp	1					Overturned

TDI-HWCN-Request for an IRO- 17 pages

Respondent records- a total of 37 pages of records received from to include but not limited to: letter 12.7.11, 3.6.12; Index; TDI letter 3.5.12; request for an IRO forms; letters 1.18.12, 2.7.12; Employers report of Injury; CT scan of Right knee 12.20.11; Health System report 12.20.11; Family Median Office note 11.29.11-12.30.11; note 12.14.11; Dr. note 1.13.12

Respondent records- a total of 18 pages of records received from to include but not limited to: request for an IRO forms, letters 1.18.12, 2.7.12; CT scan of Rt Knee 12.20.11; Dr. notes 1.13.12-2.1.12

Requestor records- a total of 7 pages of records received to include but not limited to: Dr. notes 1.13.12-3.5.12; CT right knee scan; for DOS 2.1.12

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with the progress notes completed one week after the date of injury. There was a new onset of knee pain that was worsening over the prior week. The physical examination noted that this 5'2" 167 lb woman had an altered gait pattern. A resolving ecchymosis was noted over the anterior aspect of the knee. Plain films noted degenerative joint disease. A decreased range of motion was also reported. The assessment was a contusion with a hemarthrosis.

A CT scan was obtained on December 20, 2011, and noted a suprapatellar effusion, no fracture and no ligamentous tear. The meniscus could not be evaluated with this study.

A follow-up physical examination noted ongoing swelling to the right knee. An MRI was not able to be obtained secondary to a pacemaker being in the injured employee. The diagnoses continued to be a contusion, hemarthrosis and knee strain.

Dr. completed an orthopedic consultation. The mechanism of injury was described as a blunt trauma. The imaging study limitations were noted. The injured employee has continued to work. Occasional locking was noted. The physical examination noted tenderness to both the medial and lateral joint lines. A range of motion decrease was also reported with a positive McMurray. The suggestion was a repeat CT with arthrogram to evaluate the meniscus. The pre-authorization determination was that there was no indication of any change to the meniscus, let alone the 25% set as the standard.

Dr. took exception and the reconsideration was not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, the standards for the non-certification used by the previous reviewers was an MR arthrogram. In this case, this is not an MR arthrogram; it is an enhanced CT arthrogram as the injured employee has a pacemaker. The records do reflect that there is degenerative joint disease noted on plain films. There has been limited conservative care; however, the injured employee has continued to work. The initial CT scan could not evaluate the meniscus and as such the actual diagnosis has not been established. In that the standards for CT are recommended by the Official Disability Guidelines, and that this woman cannot undergo an MRI, with the noted joint line tenderness and positive McMurray, appropriate imaging studies to establish definitively the diagnosis would be indicated.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES