Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
STAT MR Arthrogram Left Knee

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

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
Official Disability Guidelines
Office/clinic notes Family Medicine M.D. 12/27/10-02/28/12
MRI left knee without contrast dated 01/18/11
Physical therapy initial evaluation and follow-up notes dated 01/19/11-03/08/11
Handwritten progress notes dated 02/01/11 and 02/18/11
EMG/NCS dated 02/24/11
Office visit notes M.D. dated 02/04/11-01/30/12
Letter M.D. dated 07/18/11
MRI of the right shoulder with arthrogram dated 08/01/11
Operative note stellate ganglion block on right side under fluoroscopy dated 08/30/11
Right shoulder MRI arthrogram dated 10/14/11
EMG/NCV dated 11/17/11
Notification of adverse determination dated 01/27/12
Notification of reconsideration determination dated 02/08/12
Clinic note Dr. dated 02/27/12

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who was injured on xx/xx/xx when he fell backwards approximately six feet off a scaffold, hitting his left knee and right shoulder against a wooden plank. He underwent right shoulder surgery on 03/11/11 and again on 06/16/11. He underwent stellate ganglion block on the right side due to right shoulder pain performed 08/30/11. MRI of the left knee performed 01/18/11 revealed grade 3 chondromalacia of the medial patellofemoral articular cartilage; trace amount of joint effusion.

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

The claimant injured his left knee and right shoulder when he fell backwards off a scaffold. It appears that most treatment has been directed to the claimant's right shoulder with arthroscopic surgery times two as well as a stellate ganglion block times one. The claimant also participated in post-operative physical therapy for the shoulder. An MRI of the left knee revealed degenerative changes of grade 3 chondromalacia of the medial patellofemoral articular cartilage, with a trace amount of joint effusion noted. There was no evidence of tear of the medial or lateral meniscus. The claimant most recently was seen on 02/28/12 with complaints of increased left knee pain especially with prolonged weight bearing or attempting to climb stairs. On examination he was able to walk with minimal assistance; able to walk with a cane. He favors his left lower extremity due to knee pain. He has restricted range of motion on testing and painful range of motion. However, no detailed physical examination was provided with range of motion measurements of knee flexion and extension.
There was no indication of special orthopedic tests such as McMurray's, Apley's or testing for ligamentous instability. Per Official Disability Guidelines, MR arthrography is recommended for meniscal repair and resection of more than 25%. Noting there is no evidence of meniscal pathology in this case and no detailed physical examination findings of the left knee, the reviewer finds there is no medical necessity for STAT MR Arthrogram Left Knee at this time.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)