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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of left knee w/wo contrast

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

M.D., Board Certified Family Practice

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

Official Disability Guidelines and Treatment Guidelines
02/08/12 and 02/28/12
Clinical records 12/26/11-03/06/12
DWC form 73s no date
Radiographic report left knee 01/18/12
MRI left knee with contrast 03/22/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have injured his left knee on xx/xx/xx. On the date of injury he stepped into a hole and sustained an injury to the left knee. He has previously undergone surgical intervention. He went to the with complaints of left knee pain. He has a diagnosis of left knee meniscal tear and osteoarthritis. On examination he has crepitus with range of motion. He has pain with range of motion no edema. He is noted to have had surgery in 03/02 and post-operatively did not do well. Plain radiographs of the knee were performed on 01/18/12, which showed moderately severe degenerative arthritis in the medial compartment as well as patellofemoral joint there was a small joint effusion. The claimant reports symptoms of catching on 03/22/12. MRI of the left knee with contrast notes degenerative changes with bone remodeling osteophyte formation and joint space narrowing. There is a horizontal band of increased signal seen on the posterior horn of the medial meniscus. There is increased intrasubstance signal seen within the lateral meniscus compatible with myxoid degeneration. There is a moderate amount of fluid seen within the joint. The overall impression is degenerative joint disease with signs of chondromalacia patella.

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

This man has a history of left knee injury, which was operatively treated. Post-operatively the claimant achieved clinical maximum medical improvement and was noted to have returned to work. The serial clinical records provide no detailed physical examination or historical data

establishing the failure of conservative management. Radiographs performed on 01/18/12 show expected degenerative joint disease with no evidence of acute injury. Given the lack of documented objective findings on physical examination, and noting the claimant's history, there is no clinical indication for the performance of this study. The reviewer finds no medical necessity for MRI of left knee w/wo contrast.

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)