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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 1/27/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI Scan of left knee

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

Physician Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

Upheld (Agree)

X Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/13/11, 12/01/11 Radiology Report, Diagnostic Imaging, 6/04/11

Clinical Notes, Medical Ctrs, 12/21/11 – 5/02/11

ODG

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who was in a motor vehicle accident in xx/xx. At that time, he apparently sustained multiple areas of injuries one of which was a left knee. It was recorded on his initial evaluation that he did have an abrasion to that knee. Patient was subsequently treated with anti-inflammatory medications, cortisone injection, physical therapy but, apparently, did not improve significantly. Some of the reports on his clinical evaluation were popping of the knee, stiffness, pain, mild swelling, tenderness along his medial collateral ligament and positive McMurray's with "pop" pain of squatting and limp. Treatment included initial bracing for what was suspected to be a medial collateral ligament injury, subsequent physical therapy, NSAIDs and cortisone injection along with physical therapy.

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

I disagree with the benefit company's decision to deny the requested services. Conclusions for this are that patient had a long period of time where he was treated without surgery. This treatment included anti-inflammatory medication, cortisone injection, physical therapy. Reports, per the examining physician, were "popping"

reported by the patient, pain, findings of mild swelling, positive McMurray's test with a "pop" at the medial joint line, positive pain at the joint line, pain with squatting and a limp.

It would appear to me, by the ODG guidelines, that this patient's history of a motor vehicle accident with the physical findings listed above, and subsequent treatment, would justify an MRI of this knee.

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

- ACOEM- AMERICAN 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)