

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/10/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Repeat MRI of the left knee, as outpatient

**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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines, Section: Knee & Leg

Pre-authorization request 12/15/11

Appeal pre-authorization request 01/04/12

MRI left knee 06/16/11

MRI left wrist 06/16/11

MRI left hip 04/14/11

Operative report left knee arthroscopy with partial medial meniscectomy 09/09/11

New patient consultation follow-up notes Dr. 07/29/11-12/09/11

Notice of denial of pre-authorization 12/22/11

Notice of reconsideration 01/06/12

Follow-up notes Dr. 05/20/11-10/20/11

Claimant's report of accident 05/06/11

X-rays left hip, left knee and left wrist 05/06/11

Evaluation of knee and wrist scans 05/24/11

Evaluation notes Dr. 08/26/11

Operative report left hip arthroscopy 10/27/11

Reevaluation notes PA-C 11/11/11 and 11/18/11

**PATIENT CLINICAL HISTORY SUMMARY**

This patient is a male who was injured on xx/xx/xx when he slipped and fell between a trailer and dock. He complained of left knee, left hip and left wrist. He had left hip arthroscopy performed 10/27/11 and underwent left wrist surgery on 07/01/11 for TFCC tear. Left knee arthroscopic surgery was performed 09/09/11 with partial medial meniscectomy. He was seen in follow-up on 12/09/11 regarding his left knee. He reports having discomfort in the left knee since after hip arthroscopy. There was no pain over the medial or lateral joint line surface. There was full active extension and there were no palpable defects in the muscle

above the patella. The patellofemoral joint is stable. He has full range of motion of the knee. An MRI of the knee was requested to see if there was any further problem in the area. On 12/22/11, a peer reviewer noted there was no evidence of localizable tenderness with regard to the left knee or evidence of mechanical internal derangement, and request for MRI scan was denied. On 01/06/12, a peer reviewer noted the claimant was seen on 12/09/11 with respect to the left knee for which he had discomfort after hip arthroscopy. It was noted that he has some swelling. The claimant was unsure what happened with his knee and leg during the hip arthroscopy other than the fact that he had traction in the lower leg. Examination revealed no pain over the medial and lateral joint line. There was full active extension. There were no defects in the muscle around the patella. Patellofemoral joint is stable. There is full range of motion. In view of normal clinical examination there was no medical necessity for repeat MRI.

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

The patient is noted to have sustained an injury when he fell on a loading dock injuring his left wrist, left knee and left hip. He underwent left wrist surgery, left knee surgery and left hip surgery. He complained of left knee pain after undergoing left hip arthroscopy. However, physical examination was unremarkable with full range of motion of the left knee with no pain over the medial or lateral joint line, full active extension and no defects in the muscle above the patella. Noting the lack of significant findings on clinical examination with no indication of localizable tenderness or evidence of internal derangement, the reviewer finds medical necessity is not established for the requested repeat MRI of the left knee as outpatient.

**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)