

SENT VIA EMAIL OR FAX ON
May/24/2012

Applied Assessments LLC

An Independent Review Organization
3005 South Lamar Blvd, Ste. D109 #410
Austin, TX 78704
Phone: (512) 772-1863
Fax: (512) 857-1245
Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee MRI with and without Contrast

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

PM&R and Pain Medicine

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

OD Guidelines

Cover sheet and working documents

Texas worker's compensation work status reports 04/29/09-04/26/12

Handwritten clinic note dated 04/29/09-04/26/12

Radiographic report right knee 3 views dated 05/11/09

Consultation / referral request 05/12/09 for physical therapy evaluation and treatment for right knee

Radiographic report left knee 3 views dated 05/20/10

Radiographic report right knee 3 views dated 06/28/10

Radiographic report left knee 3 views dated 06/28/10

Diagnostic imaging orders dated 04/02/12

Utilization review determination dated 04/02/12

Utilization review determination dated 04/18/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. Records indicate she fell on her left knee when her foot got caught in nylon/mesh on the floor causing her to fall. X-rays of left knee are reported as normal study. The claimant was seen in follow-up on 03/22/12 and was noted to still have pain that radiates to tibia and upper thigh. Diagnosis was contusion left knee. The patient states it has been hurting x 2 years. The claimant was recommended to undergo MRI of right knee.

A request for authorization of repeat left knee MRI with and without contrast was reviewed on 04/02/12. It was determined the request did not meet medical necessity guidelines. It was noted the claimant is status post 10/28/09 arthroscopic surgery with lateral and medial partial meniscectomies, partial synovectomy and chondroplasty. The claimant was approved for 18 supervised rehab sessions and 20 sessions of work hardening postoperatively. A 03/22/12 office note documents the claimant still has some left knee pain which radiates to thigh and tibia. There is no documented physical examination. The claimant returned to work without restrictions. The reviewer noted there was no documentation how knee MRI with and without IV contrast is medically necessary or indicated. There was no documented physical examination. The claimant had previously completed work hardening program which is predicated on fact additional diagnostic studies and surgeries were not medically necessary or indicated. There are no interval medical records from early 2010 to now. There were no results of prior imaging and no results of plain film submitted for review. There was no documentation what occupational need pathology is meant to be ruled in or out by this imaging study. The imaging study is no indicated simply for ongoing subjective complaints of pain.

A request for reconsideration of adverse determination was reviewed on 04/18/12 and reconsideration for MRI of the left knee with and without contrast determined the request did not meet medical necessity guidelines. It was noted that Official Disability Guidelines would not support the specific request as one of medical necessity as there are no documented physical examination findings referable to the left knee which would presently warrant a medical necessity for MRI of the left knee. Consequently medical necessity is not established for the described medical situation.

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

The request for left knee MRI with and without contrast is not supported as medically necessary based on the clinical data submitted for review. The claimant is noted to have sustained an injury to the left knee on xx/xx/xx. Records indicate the claimant sustained a left knee contusion when she was walking through onion holding area and her foot got caught in nylon/mesh on the floor causing her to fall on the left knee. She has a history of previous right knee injury in 2009. X-rays of the left knee on 05/20/10 reported a normal radiographic examination. The claimant was seen in follow-up on 03/22/12, but no detailed physical examination of the left knee was provided including range of motion measurements and orthopedic testing such as McMurray's, Apley's, or other orthopedic evaluation. The claimant continues to have subjective complaints of knee pain; however, with no documented physical examination findings referable to the left knee and no documentation of conservative treatment, medical necessity is not established for left knee MRI with and without contrast. As such previous denials were correctly determined and should be upheld on IRO.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES