

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/31/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee MRI without Contrast

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

Board Certified PM&R
Board Certified 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical evaluation 05/01/12

Clinical record 06/01/12

Handwritten clinical notes 03/26/13-06/07/13

Prior reviews 06/24/13 and 06/27/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx and was initially followed for complaints of neck and back and knee pain. Initial pain was limited to the left knee and there was indication for positive McMurray signs without clicking in 05/12. The patient reported episodes of severe left knee pain in 06/12 with decreased range of motion difficulty with ambulation and with bearing weight. The patient was utilizing anti-inflammatories muscle relaxers and analgesics for pain in 2013. The patient continued to report left knee pain. The most recent clinical records did not provide any range of motion of the left knee. No discernible positive orthopedic findings such as positive McMurray or evidence of instability were noted on the most recent physical examinations through 06/07/13. The requested MRI of the left knee was denied by utilization review on 05/24/13 as there was limited evidence supporting MRI due to lack of objective findings. The request was again denied by utilization review on 06/27/13 as there were no specific objective findings including positive provocative testing which would have supported imaging studies.

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

The patient has been followed for ongoing complaints of left knee pain since 2012. The patient had objective findings including decreased range of motion and pain with weight bearing in 2012; however, the most recent handwritten reports did not identify any pertinent positive orthopedic findings suggesting either internal derangement meniscal pathology or instability in the in the left knee that would reasonably support MRI studies as outlined by current evidence based guidelines. Given the lack of any clear objective evidence of possible internal derangement in the left knee it is the opinion of this reviewer that the MRI of the left knee requested not be supported as medically necessary and the prior denials are upheld.

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)