

# Becket Systems

An Independent Review Organization  
815-A Brazos St #499  
Austin, TX 78701  
Phone: (512) 553-0360  
Fax: (207) 470-1075  
Email: manager@becketystems.com

## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/29/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI of right knee

A 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that in this case medical necessity is established for MRI of right knee

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who sustained an injury on xx/xx/xx when she twisted her right knee. Initially the patient had severe pain in the right knee with MRI reporting to show a prior medial meniscal tear. No prior imaging studies were available for review. The patient was followed originally in 2006 and 2007 where surgery was recommended. There was a gap in clinical treatment from 2007 to March of 2014 when the patient was again seen. Per the report on 03/17/14 the patient had an interval injury on xx/xx/xx. indicated that this injury aggravated her prior injury from xx/xxxx. No specific physical examination findings were noted at this visit. The patient was taking ibuprofen for pain. Follow up on 04/07/14 noted tenderness in the medial joint line without evidence of swelling or other deformities. There was a large amount of effusion with decreased range of motion in the right knee secondary to pain. McMurray sign was positive medially and no weakness was present. Radiographs of the right knee reportedly showed no evidence for fracture. MRI of the right knee was ordered. Follow up on 04/20/14 noted continuing complaints of right knee pain that had not improved with anti-inflammatories or home exercise program. Physical examination findings remained unchanged. The patient was in too much pain to reasonably tolerate physical therapy. The patient was seen again on 06/30/14. The patient continued to describe pain in the right knee with any twisting or turning. On physical examination there was persistent medial joint line tenderness with loss of range of motion secondary to pain. No instability was identified however there continued to be a positive McMurray sign. The requested MRI of the right knee was denied by utilization review on 04/11/14 as there was no documentation of a proper amount of conservative treatment and a non-focal neurological examination. The request was again denied by utilization review on 05/23/14 due to the lack of a due to the lack of findings for swelling or observable deformity due to the lack of no initial imaging for the right knee.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient initially sustained an injury to the right knee in xxxx for which surgery had been recommended by Dr. It is unclear to date if

any surgery had been performed however did not mention surgery in the most recent clinical records. The patient suffered a re-aggravation of her xxxx injury in xx/xxxx. Following this recent exacerbate or aggravation of a prior injury the patient reported no benefit from a home exercise program or anti-inflammatories. The patient was in severe pain that precluded any physical therapy. Radiographs of the right knee were normal for any evidence of pathology. Physical examination findings noted a large amount of effusion in the right knee that has slowly resolved over time. The patient has been left with persistent medial joint line tenderness and positive McMurray findings. Given the recent aggravation of the prior injury from xxxx and evidence consistent with a substantial injury to the right knee given the amount of effusion in the clinical record and persistent medial findings including joint line tenderness and McMurray sign and as prior radiographs were non-diagnosed non-diagnostic for any explanatory findings MRI for the right knee would be appropriate at this time. The patient has not improved with a reasonable amount of conservative treatment to date including home exercise program and anti-inflammatories. Therefore it is the opinion of this reviewer that in this case medical necessity is established for MRI of right knee. As such the prior denials are overturned.

**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)