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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/03/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI left knee w/o contrast

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 this reviewer's opinion that the requested MRI left knee w/o contrast is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx when she fell. The patient is noted to have had a prior surgical history for the left knee with 2 different surgeons. The patient was seen on 01/21/14. Per the report, the patient had attended postoperative physical therapy as well as Cortisone injections for the left knee which were not beneficial. On physical examination, the patient was noted to have had healed surgical incisions in the left knee from prior arthroscopy procedures. There was pain present in the joint lines, more pronounced in the medial side. Full range of motion and no effusion was identified. Radiographs of the left knee were reported to show preserved joint spaces without evidence of fracture or dislocation. Questionable malalignment of the left knee was reported. MRI studies of the left knee were recommended to determine the remaining amount of meniscus present in the medial side of the left knee given that the patient has had 2 prior medial meniscectomy procedures completed. The patient had been followed through May of 2014 for continuing left knee complaints. In review reports, there was noted loss of range of motion to 90 degrees on flexion of the left knee with tenderness present in the anteromedial aspect with decreased strength. There were positive McMurray's signs reported. Medications did include continuing use of Mobic and Ultracet. The patient was seen on 05/12/14. At this evaluation, the patient continued to describe left knee pain that was worsened with any walking. The patient continued to have these symptoms despite bracing and the use of medications. On physical examination, there was substantial guarding present. Diffused tenderness in the left knee at the medial joint line as well as the lateral joint was identified. There were no indications of loss of range of motion or weakness.

The requested MRI without contrast of the left knee was denied several times by utilization review from 02/12/14 – 06/06/14. Per the utilization review reports, there was limited objective evidence regarding findings that would support new imaging studies. The last

utilization review report from 06/06/14 noted that the patient did not have effusion in the left knee on exam and the prior arthroscopy results were unremarkable.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for persistent complaints of left knee pain despite 2 separate medial meniscectomy procedures previously performed. In review of clinical reports for the patient, the patient continued to have decreased range of motion in the left knee with tenderness to palpation of the anteromedial aspect. The patient did have continuing positive medial McMurray's signs without evidence of instability. The patient did describe popping in the left knee. The most recent evaluations were limited due to patient guarding; however, there was noted medial and lateral joint line tenderness on physical examination. Based on review of the clinical documentation submitted, the patient has not improved with continuing conservative treatment to include the use of medications or bracing. The patient's physical examination did note continually positive medial McMurray's signs as well as tenderness to palpation in the anteromedial aspect of the left knee. The most recent evaluation although limited, did note continuing medial and lateral joint line pain. Per guidelines, repeat MRI studies of the knee can be considered to address a cartilage repair issue. As the patient has had 2 prior meniscectomies and continually has positive physical examination findings indicative of symptomatic meniscal pathology, it is this reviewer's opinion that the requested MRI left knee w/o contrast is medically necessary. 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)