

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/24/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the right knee without contrast.

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

Board Certified Orthopedic Surgeon

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient was noted to have undergone a prior right knee arthroscopy to include excision of prior medial meniscal tears with debridement and chondroplasty of the patella, medial femoral condyle, and lateral tibial plateau. Postoperatively, the patient was referred for physical therapy which was documented through August of 2013. Postoperative medication use did include Hydrocodone. Per the reports, the patient was placed at MMI as of 09/12/13. The patient reported elevated pain after returning to work. The patient described increasing popping and difficulty walking in November of 2013. The patient was seen on 12/16/13 for continued complaints of pain with ambulation. On physical examination, there was good flexion in the right knee to 126 degrees. There was minimal crepitus, much less than the left knee. Radiographs did show some narrowing of the medial joint space with spurring at the patella. The patient was recommended for Corticosteroid injections. The patient declined the injection and wished to have another MRI study of the right knee. The patient returned for a follow up on 12/30/13. The patient was again requesting MRI studies of the right knee. On physical examination, there was no substantial change from previous evaluations. The patient returned on 01/24/14. On physical examination, there was continued flexion to 126 degrees with minimal crepitus. No knee effusion or calf tenderness was present. There was no edema noted. Follow up on 03/03/14 reported no changes on physical examination.

The request for an MRI study of the right knee was denied by utilization review as there was no evidence for continuing effusion, internal derangement, or other acute injury. No positive orthopedic findings were noted to support repeat imaging of the right knee.

The request was again denied by utilization review on 01/17/14. There was no evidence on physical examination of substantial positive orthopedic findings and no effusion.

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

The patient is status post right knee chondroplasty and meniscectomy performed on 06/18/13. The patient reported increasing amounts of pain after returning to work. The patient's most recent physical examination findings showed stable postoperative changes with flexion to 126 degrees. No other positive orthopedic findings were noted. Given the absence of any clinical evidence regarding recurrent instability, recent acute trauma, or other orthopedic findings in the right knee, it is this reviewer's opinion that there are insufficient new objective orthopedic findings to warrant repeat MRI studies of the right knee at this time. Therefore, the prior denials are upheld.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES