

# Medical Assessments, Inc.

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## Notice of Independent Review Decision

**Amended date:** April 6, 2015  
**Original date:** March 9, 2015

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI Left knee

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

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 years of experience.

### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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

### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx, while going down stairs. He has had two left knee revision ACL surgeries in 2011 with an injection complication which required subsequent treatment. He was injured on March 31, 2011, while going down stairs.

07/08/2014: Office visit. **HPI:** Claimant is complaining for aching. Symptoms are made worse with getting up to walk and deep knee squats. Pt complains of decrease ROM to left knee, pain to left knee aggravated by activity. Pt has grinding and stiffness to left knee and swells with activity. **Medications:** Multivitamin, Osteobiflex, Dexilant, Nasonex. **Left Knee exam:** Tenderness at the lateral femoral epicondyle. Swelling present at lateral joint line and lateral knee. ROM: Flexion- 120 degrees, Extension- 5/130 degrees. **Left Knee X-ray**

**taken in office:** 2 views of knee (AP and Lateral) Superior patellar pole osteophyte is noted on the lateral view. Inferior patellar pole osteophyte is noted on the lateral view. Mild changes of arthritis are noted at the patella-femoral joint. Flattening and sclerosis is noted on the lateral femoral condyle. Mild DJD of the lateral compartment is noted. The MFC articular surface has evidence of flattening and sclerosis. Mild DJD of medial compartment is present. **Plan:** Cortisone injection will be performed.

07/22/2014: MRI Lower joint left knee. **Impression:** 1. Small joint effusion but now moderate posteromedial popliteal cyst. 2. Interval anterior cruciate graft revision with lateral femoral condylar pin placed with the tip near the anterior surface of the intercondylar notch. 3. A portion of the anterior cruciate graft is noted intact superiorly but course initially in a posterior fashion before returning anteriorly with an intact mid portion or tibial attachment no longer apparent. 4. Cystic changes along the interference screw track in the anterior tibia consistent with revision and/or developing cystic disease. 5. Small no displaced tear superior surface posterior horn of the medial meniscus slightly more prominent than previously seen but without displacement. 6. Hypertrophic degenerative lipping at the articular margins of the medial and lateral femoral condyle and to a lesser extent, tibial plateaus. 7. Intact posterior cruciate, collateral ligaments and lateral meniscus.

09/23/2014: Office visit. Pt was seen for Orthovisc injection.

09/30/2014: Office visit. Pt was seen for Orthovisc injection

10/07/2014: Office visit. Pt was seen for Orthovisc injection

01/06/2015: Office visit. Pt was seen after having Orthovisc injections. Pt states he doesn't think he got much relief from injections. He has pain weather changes, long period of use and long up and down stairs. Reported does not have constant pain but some days are worse than others. Most pain is on the lateral side of his knee. **Current Medications:** Allegra, Multivitamin.

01/27/2015: Office visit. Pt reports that he has pain when he starts to walk and the knee has a lot of pain. **Left knee X-ray in office:** Mild DJD of the lateral compartment is noted. There is a moderate amount of DJD present. Notch osteophytes are noted. Anterior compartment spurs are noted on the later view.

02/11/2015: UR. Rationale for denial: Per Physician Advisor: Deny. This is a request for a repeat without any documentation explanation of its need. From review of the medical records no subsequent injury or failure of the ACL has been documented. It is clear that there is arthritis present in this patient's left knee, but that has already been shown on previous x-ray and MRI. A repeat study to simply reveal what is already known does not appear to be medically justified and would not change future treatment options.

03/02/2015: UR. Rationale for denial: The claimant is a male who was injured on xx/xx/xx, while going down stairs. The claimant was diagnosed with left knee secondary pain, articular degenerative joint disease, adhesion from anterior cruciate ligament surgery, chondromalacia, a joint effusion, and insertional iliotibial band tendinitis. The previous no certification was due to lack of explanation of the need for the MRI, lack of current failure of the reconstruction, and arthritis was demonstrated on previous studies. The previous no certification indicated to assess knee cartilage repair tissue. There was no documentation of significant prominence of the hardware on previous studies. Evaluation of iliotibial band syndrome is not an indication for an MRI. The claimant has no palpable defect although there is tenderness. There are no true joint mechanical symptoms. The request for an appeal of a repeat left knee MRI is not certified.

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

The previous determination is upheld. There is no history of a new injury of significant change. The claimant had an MRI 6-7 months ago. There is nothing in the records that meet ODG Guidelines for a repeat MRI. Therefore, the request for Repeat MRI left knee is non-certified.

ODG Guidelines:

**Indications for imaging -- MRI (magnetic resonance imaging):**

- Acute trauma to the knee, including significant trauma (e.g. motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption.
  - Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.
  - Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected.
  - Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.
  - Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Pellegrini Stieda disease, joint compartment widening).
  - *Repeat MRIs*: Post-surgical if need to assess knee cartilage repair tissue. ([Ramappa, 2007](#))
- Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. ([Weissman, 2011](#))

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

- ACOEM- AMERICAN 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)**