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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Repeat MRI without contrast Body part Left Knee

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

- [x] Upheld (Agree)
- [ ] Overturned (Disagree)
- [ ] Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who was injured on xx/xx/xx while standing on an truck. The patient reported feeling a sudden pop in the left knee with resultant instability laterally. The patient was seen on the date of injury with complaints of left knee pain. The patient's physical examination noted weakness in the left knee with a positive anterior drawer sign resulting in laxity. No specific pain was evident. The patient was given anti-inflammatories and restrictions. The patient was seen for follow up on 05/14/15 with a continuing positive anterior drawer sign in the left knee with some swelling and tenderness to palpation. The patient did undergo MRI studies of the left knee on 05/27/15 which found an indistinct anterior cruciate ligament at the femoral insertion site concerning for a complete rupture of the ligament. There were mild to moderate sprains in the medial and lateral collateral ligaments as well as a radial tear of the posterior horn of the lateral meniscus. There was a contusion in the lateral tibial plateau as well as a subtle non-displaced fracture in the cortical bone at the posterior edge of the articular surface. There was moderate to severe chondromalacia involving the femoral trochlea. The patient was seen on 06/12/15. The patient described continuing left knee symptoms to include pain, swelling, stiffness, and popping. The patient's physical examination noted full range of motion of the left hip. There was mild effusion at the left knee with full extension and flexion. No pain over the patella, patellar tendon, or quadriceps was evident. There was tenderness to palpation both medially and laterally with positive lateral McMurray's signs. There was also a positive medial McMurray's sign. There was laxity with anterior drawer testing. The patient was recommended for weight bearing as tolerated and was given a knee brace. Anti-inflammatories were also continued. There was also a request for a steroid injection. The patient was instructed to bring the MRI study for evaluation.

The requested repeat MRI study of the left knee without contrast was denied on 06/29/15 as it was unclear whether a new MRI was being recommended as the last MRI performed 1 month prior noted pathology consistent with the patient's physical examination findings.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient injured his left knee on 04/30/15 and was found to have laxity on anterior drawer testing with positive McMurray's signs. Prior MRI studies noted findings concerning for a full ACL disruption at the femoral attachment site. There were tears present in the lateral meniscus. The clinical report on 06/12/15 did not provide a specific rationale for repeating MRI studies of the left knee. Given that the prior study from May of 2015 was consistent with the patient's physical examination findings and there was no substantial change in the patient's physical examination since the last MRI study was completed, it is this reviewer's opinion that a repeat MRI study would not be supported as medically necessary per guideline recommendations. Therefore, the prior denials remain upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)