

MEDRx

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DATE OF REVIEW: 12/30/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a repeat left knee MRI.

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

The reviewer is a Doctor of Osteopathy who is board certified in 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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a repeat left knee MRI.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male with many years history left knee pain due to degenerative joint disease. On or around XX/XX/XX he developed an acute onset of worsening knee pain and swelling that required the use of crutches for ambulation. He was seen with an initial concern for "locked knee" and MRI was suggested. The patient has continued to have pain and swelling of the knee with an inability to extend the knee past 30-40 degrees according to the records. There is now a suspected palpable defect of the left quadriceps tendon and concern for quadriceps tendon rupture is present. MRI is again requested.

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

ODG in its “Knee and Leg (Acute and Chronic)” chapter allows for MRI studies of the knee for both traumatic and non-traumatic knee pain under certain circumstances. In this case, the patient has a long history of degenerative joint disease of the left knee treated with anti-inflammatory medicines. On or around XX/XX/XX he had an acute onset of increased pain and swelling with an inability to extend the knee. The examination raised concerns for quadriceps tendon vs an acute “locked knee.” MRI is appropriate according to ODG for adults with non-traumatic knee pain if internal derangement is suspected as it is in this case. In addition, ODG states imaging studies are useful in confirming the diagnosis of quadriceps tendon rupture which is also a concern in this case. As a consequence, the guidelines are met and the requested procedure is medically necessary.

ODG, “Knee and Leg (Acute & Chronic)” Chapter; MRI (Magnetic Resonance Imaging):
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., Peligrini 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)

ODG, “Knee and Leg (Acute & Chronic)” Chapter; Quadriceps Tendon Repair:

Recommended after a full thickness tear. Rupture of the quadriceps tendon is an uncommon yet serious injury requiring prompt diagnosis and early surgical management. It is more common in older individuals and sometimes is associated with underlying medical conditions. In particular, bilateral spontaneous rupture may be associated with gout, diabetes, or use of steroids. Clinical findings typically include acute pain, impaired knee extension, and a suprapatellar gap. Imaging studies are useful in confirming the diagnosis. Although incomplete tears may be managed nonsurgically, complete ruptures are best treated with early surgical repair. (Ilan, 2003) Most small, partial tears respond well to nonsurgical treatment, including immobilization using a knee brace, and physical therapy with specific exercises to restore strength and range of motion. Surgery is also an option for people with partial tears who also have tendon weakness and degeneration. Surgical repair reattaches the torn tendon to the top of the kneecap. People who require surgery do better if the repair is performed early after the injury, and early repair may prevent the tendon from scarring and tightening in a shortened position. According to the ODG UR Advisor, CPT 27385, Repair of

thigh muscle, was done 46.34% of the time for the diagnosis ICD9 727.65, Quadriceps tendon rupture. Tendon repairs are often done on an outpatient basis.

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)