Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038 972.906.0603 972.906.0615 (fax) IRO Cert#5301

DATE OF REVIEW: MAY 16, 2018 AMENDED: JUNE 18, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of the MRI w/o Contrast Left Knee for the Visionaire patient specific instrumentation

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic Surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

XX Upheld	(Agree)
Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX who was injured on XXXX, in a XXXX not denoted. The claimant was diagnosed with tricompartmental osteoarthritis of the left knee. Prior treatment had included injections, XXXX, bracing, physical therapy. The claimant had previous x-rays and MRI. The claimant was status post knee arthroscopy in XXXX and, per the operative report, there was grade 3-4 chondromalacia of the medial compartment with a medial meniscus tear. A total knee arthroplasty had been approved. An evaluation on XXXX, noted the claimant complained of left knee pain over the medial aspect. The pain was worse with activity and better with rest. On physical examination, there was tenderness over the medial joint line and a positive McMurray's of the meniscal tendon. Anterior and posterior drawer testing were negative. The collateral ligaments were stable. Muscle strength was 5-/5 in the left knee. There was no effusion. X-rays of the left knee reported moderate tricompartmental osteoarthritic changes. An MRI study to reevaluate for a retear of the medial meniscus was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The request was previously noncertified by XXXX on XXXX, due to the lack of any new clinical findings on the evaluation of XXXX, from the evaluation of XXXX. No additional documentation was submitted. The previous non-certification is supported. There is no documentation of a recent traumatic injury to the left knee. The guidelines do not routinely support a repeat MRI. There is no documentation of any postsurgical knee cartilage repair tissue to support a repeat MRI. The request for a preoperative MRI w/o contrast for the left knee for the XXXX patient-specific instrumentation is not certified as it does not meet medical necessity per the ODG Guidelines.

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Official Disability Guidelines

Knee and Leg (updated 05/04/18)

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: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (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 non-diagnostic (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 non-diagnostic (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:

- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES