

US Decisions Inc.

An Independent Review Organization

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Description of the service or services in dispute:

MR arthrogram of the right knee

Description of the qualifications for each physician or other health care provider who reviewed the decision: Board Certified Orthopedic Surgeon

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

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

Patient Clinical History (Summary)

XXXX is a XXXX. On XXXX, XXXX on XXXX right knee, thus twisting XXXX knee. XXXX with most of XXXX weight falling on the right side. XXXX was diagnosed with sprain of the unspecified side of the right knee, subsequent encounter.

XXXX was seen by XXXX on XXXX. XXXX stated XXXX continued to have pain and weakness in the right knee. The right knee examination showed an antalgic gait, quadriceps atrophy, diffuse soft tissue swelling, positive patellofemoral grind test and limited range of motion due to the pain and swelling. Medial joint line, diffuse lateral and peripatellar tenderness to palpation of the right knee were noted. The diagnoses were other tear of the unspecified meniscus of the right knee and sprain of the right knee and unspecified ligament. XXXX opined that XXXX had too much pain with walking. He recommended that XXXX undergo an MR arthrogram of the right knee to rule out internal derangements that might be causing the lack of progress, six months postoperatively.

XXXX was evaluated by XXXX for the right knee pain. The pain was rated as 9/10. XXXX reported that XXXX was struggling with walking. There was crepitus in the knee. XXXX stated the knee locked up on XXXX and it felt better when it popped. That was concerning for a meniscal tear. The pain occurred during movement of the right knee. The associated symptoms included joint stiffness and pain. The examination of the knee was positive for tightness, tenderness to palpation, crepitus, guarding surrounding the knee musculature and pain on pressure over the right medial joint line and right lateral joint line. The flexion was decreased at 90 degrees with pain and the extension was decreased at 10 degrees short of full extension with pain. The deep tendon reflexes in the patellae and ankles were normal bilaterally. McMurray's test was positive on the right. Lachman's test was normal bilaterally. Joint effusion was present on the left side. Appley's compression test was positive on the right side. The right flexion and extension muscle testing was abnormal at 4/5. The diagnoses were unspecified abnormalities of gait and mobility, other sprain of the right hip, other tear of the unspecified meniscus of the right knee, sprain of the unspecified site of the right knee, subsequent encounter and unspecified sprain of the right foot, subsequent encounter. XXXX was instructed to remain on light duty for the time being.

An MRI of the right knee dated XXXX identified moderate chronic degenerative arthrosis. In particular, there was moderate cartilage loss within the patellofemoral joint compartment with small marginal osteophytes. There were focal areas of cartilage thinning involving the lateral femoral condyle and lateral tibial plateau. There appeared to be complex degenerative tear of the anterior horn of the lateral meniscus. Moderate right knee joint effusion was noted. There was no evidence of acute ligament sprain. An x-ray of the right knee dated XXXX revealed no evidence of acute fracture or dislocation. XXXX had a fairly significant lateral patellar elevation, tilt and shift. Both knees exhibited some early degenerative changes with some early peripheral osteophyte formation. Superior patellar osteophyte was also noted.

The treatment to date consisted of right knee arthroscopy with partial medial and lateral meniscectomy on XXXX, 18 postoperative physical therapy sessions, medications (XX and XX) and XX injection to the right knee.

A utilization review decision letter dated XXXX documented that the request for an MRI arthrogram of the right knee was non-certified. Rationale: “Based on the clinical information submitted for the review and using the evidence-based, peer reviewed guidelines, the request for an MRI arthrogram of the right knee was noncertified. Per the evidence-based guidelines, MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair, or for meniscal resection of more than 25 percent. The patient underwent right knee arthroscopy with partial medial and lateral meniscectomy on XXXX. A request for MRI arthrogram of the right knee was made; however, the specific objective clinical findings were insufficient to fully necessitate the request. In addition, it was not clear if a meniscal resection of more than 25 percent was done. Moreover, clarification is needed regarding the rationale of the procedure and how it might change the treatment recommendations as well as patient’s clinical outcomes. Guidelines do not support the use of any diagnostic procedure solely for screening purposes. Exceptional factors could not be clearly identified.”

Per a utilization review decision letter dated XXXX, the request for an MRI arthrogram of the right knee was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, the request for an MRI arthrogram of the right knee was uncertified. The percentage of meniscal resection was still not clearly known as guidelines indicate that patients with less than 25 percent meniscal resection did not need MR arthrography while for those with more than 25 percent, MR arthrography was useful in the diagnosis of residual or recurrent tear. Clinical records submitted still have no additional information to warrant the need for the request. There is also no clear evidence of objective functional improvement followed by intervening event and sudden change in symptoms to suggest a recurrent tear versus chronic pain from the residual effects of the knee surgery and incident. Exceptional factors are not present. The prior non-certification is upheld.”

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

The ODG supports the use of MR arthrography for the knee as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair, or for meniscal resection greater than 25%. The previous utilization reviews denied the request as the percentage of meniscus previously resected was not documented. However, the ODG supports the procedure to help diagnose a suspected residual or recurrent tear. The guidelines reference a specific study from XXXX which indicate that for individuals with less than 25% meniscal resection, MR arthrography was not necessary. In this case, the percentage of prior meniscal resection is unknown, but there was a history of previous arthroscopic intervention in XXXX with persistent/recurrent symptomology that would require further evaluation. When noting that MR arthrography remains the study of choice, documentation of the prior surgical intervention, and that the ODG supports MR arthrography—noting that the study is “recommended as a postoperative option to help diagnose a suspected residual or recurrent tear,”—the request would be considered medically necessary.

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
- AHRQ-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
ODG, 2018: Knee and Leg Chapter

MR arthrography Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair, or for meniscal resection of more than 25%.

In this study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. (Magee, 2003)

- 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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.