

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-1326.M5**

October 7, 2002

Re: Medical Dispute Resolution  
MDR #: M5.02.2072.01  
IRO Certificate No.: IRO 5055

Dear :

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation and Electrodiagnostic Medicine.

The physician reviewer **AGREES** with the determination of the insurance carrier in this case. The reviewer is of the opinion that the imaging studies done on 09.19.01 **WERE NOT MEDICALLY NECESSARY.**

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

**MEDICAL CASE REVIEW**

This is for \_\_\_. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2072-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of MRI of the lower extremity and lumbar spine.
2. Correspondence from the \_\_\_ who was treating the patient.
  
3. Set of evaluations by \_\_\_, \_\_\_, who evaluated the patient on 10/04/01 for a \_\_\_ injury. His examination is dated 9/20/01, so I am not sure on which date the examination actually occurred, as both dates are used.
4. Various musculoskeletal evaluations.
5. Set of plain films which were done shortly after the injury. These are dated as having been done on \_\_\_, with date of injury being \_\_\_, thus being done eight days after the injury. These are films of the cervical spine, thoracic spine, lumbar spine, left knee, right knee, and right ankle. The most significant finding, in my opinion, is of the right ankle, showing there is some difficulty in diagnosis here, and an MRI is recommended at this point to further delineate the pathology if it is indicated. There is no recommendation for any further studies on the other films.
6. MRI of the lumbar spine, 9/19/01. This is one of the disputed studies.
7. MRI's of the right knee and left knee.
8. Much later, on 01/21/02, there is a right ankle MRI which shows, in fact, the fracture at the lateral malleolus, the avulsion fracture, with inflammation and infiltration in the tarsal tunnel which may have complicated the care of this patient, since this fracture was missed even though the plain films indicated the need for further evaluation at the ankle.

B. BRIEF CLINICAL HISTORY:

The injury is listed as this individual having tripped over a co-worker's foot and having fallen on her knees. However, as one goes through the chart, it eventually progresses to a head injury where the patient fell not only on her knees but on the head, injuring her neck, the upper back and low back, both knees, and the ankle. I am not certain I can follow the notes which are presented as to how this injury progressed from a fall on the knee, how the fracture was missed initially, and how it was treated after it was finally noted on an MRI of the ankle. The ankle MRI, however, is not one of the disputed studies.

Second, there is the note requesting denial of these services done on 9/19/01, all three of them, the lower extremity and spinal MRI's.

There is a letter of medical necessity which was sent by \_\_\_, and there is a Required Medical Examination which was done by \_\_\_ which is still referring to a contusion of the ankle with underlying chondromalacia, presumably of the knee and

not of the ankle. This examination is dated 01/28/02, before the missed fracture was diagnosed. There is no indication how the fracture is being treated.

C. DISPUTED SERVICES:

The three sets of imaging studies, not including the ankle, done on 9/19/01.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

I believe the care of this patient was totally appropriate up to the point where the plain x-rays were taken. At that point, there should have been further evaluation of the ankle. This was missed by the physician, \_\_\_\_, and by the treating \_\_\_\_, but it was eventually found. I am not sure what the outcome of the missed fracture was.

However, to get MRI's of the knees and total spine immediately after an injury is certainly not indicated. It appears that at this point it was not even certain what the injuries of the case were, as later other injuries were added such as the head injury.

I have to question the rationale. The physical examination by \_\_\_\_ is completely normal, yet he recommends these studies, with the ankle being the least recommended. This lady had polio with spastic paresis of the right upper extremity, yet throughout the chart she is noted as being right-dominant. After examination, recommendations and diagnoses are made which really do not fit the normal examination. \_\_\_\_ examination and other examiners' do not note any objective evidence to indicate that there is any radiculopathy or neuropathy in the cervical, thoracic, or lumbar spine, and the knees apparently have what is called a tiny effusion.

Again, these are hardly indicators of an MRI so early after one trips over a foot and falls on one's knees. It is always difficult to make a judgment call. The physicians "on the ground" have to make the final decision, but as I read this chart, there is absolutely no indication for early MRI's of the total spine and both knees.

The ankle MRI, which is not in question, certainly was indicated and did, in fact, show the fracture which was hinted at by the plain films which were properly done immediately after the patient was seen after her injury.

Thus, without any physical evidence as to the need for studies of the cervical, thoracic, and lumbar spine and bilateral knees, it simply is not the appropriate therapy, i.e., total body MRI's taken five days after the date of injury are simply not indicated unless there is physical evidence to the contrary, which is not present in the chart. Even after the MRI's were taken, if I read the date correctly on \_\_\_ exam, there is a completely normal examination of this right-dominant individual who, of course, has right spastic paresis and could not possibly be right-dominant.

I believe that an error was made in that the tests were ordered somewhat hastily, without appropriate physical examination and justification for the studies. I am really slow to state that the examination was improper, but the examinations are not consistent and the "proof of the pudding supposedly is in the eating." The fracture was missed, and this should have been the most prominent part of the physical examination, but it was missed for almost three months after the date of injury.

I have to conclude that the early MRI's were done hastily and without appropriate physical findings and were not medically necessary.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the patient whose treatment is the subject of this review. Any affiliation that I may have with this insurance carrier, or as a participating provider in this insurance carrier's network, at no time constitutes more than 10% of my gross annual income.

Date: 30 September 2002