

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	10/17/2005 Corrected Copy 10/18/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2258-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for repeat MRI left knee with and without contrast.

DECISION: **Upheld**

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 10/17/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The repeat MRI study of the knee with and without contrast is not medically necessary.

CLINICAL HISTORY:

This 23-year-old male was allegedly injured on _____. There is no documented clinical date pertaining to the initial complaints and onset of symptoms, objective clinical information, tests and treatment after the alleged injury.

REFERENCE:

The Knee OKU AAOS 2002.

RATIONALE:

The submitted review notes only document the presence of a large effusion being noted on 07/08/2005. However, there is no documentation of any current objective clinical findings to substantiate the need for the requested study.

There is no documentation to whether the patient had any prior intervention on the knee, therefore the repeat MRI study is unlikely to provide information that can be used to form the basis of future treatment. To substantiate a repeat MRI there must be clearly defined objective clinical findings of a new problem. The requested study is inappropriate and not warranted.

RECORDS REVIEWED:

- DWC/TWCC Notification of IRO Assignment dated 08/25/05
- MR-117 dated 08/25/05
- DWC/TWCC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 10/05/05
- Flahive, Ogden & Latson: Letter dated 09/02/05 from Ronald Johnson
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 08/25/05
- Flahive, Ogden & Latson: Letter dated 08/22/05 from Scott Bouton
- Corvel: Pre-Authorization Determinations dated 07/27/05, 07/21/05
- Corvel: Letter dated 07/26/05

The reviewing provider is a **Licensed/Boarded Orthopedic Surgeon** and certifies that no known conflict of interest exists between the reviewing **Orthopedic Surgeon** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
T.D.I . Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

17th day of October 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____