

August 28, 2006

TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-1799-01

CLIENT TRACKING NUMBER: M2-06-1799-01

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

**Records Received:**

Records Received from the State:

Notification of IRO Assignment 8/8/06 - 10 pages

Records Received from Requestor:

Letter from \_\_\_ 6/22/06 - 2 pages

Records Received from the Respondent:

Denial letter to patient from St Paul Travelers 7/31/06 – 1 page

Denial letters to Gwendolyn Whigham, DC from St Paul Travelers 6/29/06, 7/12/06 – 4 pages

**Summary of Treatment/Case History:**

The patient sustained a work-related injury to his left knee on \_\_\_\_\_. He then underwent arthroscopic repair on 6/5/06 and was scheduled to begin post-operative physical therapy. However, due to continued pain, the claimant wanted a follow-up MRI before initiating physical therapy and rehabilitation to ensure the problem had successfully been addressed during the surgical procedure.

**Questions for Review:**

Is a post-operative MRI of the left knee medically necessary to treat this patient's injury?

**Explanation of Findings:**

*Is a post-operative MRI of the left knee medically necessary to treat this patient's injury?*

No.

Neither the treating doctor of record nor the surgeon who actually performed the surgical procedure are requesting a post-operative MRI in this case. While it is documented that the patient continues to experience pain in the area, the presence of pain by itself does not sufficiently warrant the performance of another MRI, particularly not so soon after surgery. Furthermore, there is no basis for obtaining an additional diagnostic study at this juncture from either the ODG or ACOEM (Chapter 13) prior to initiation of physical therapy. However, should his pain persist after a reasonable amount of time *even after* the post-operative physical therapy and rehabilitation has been completed, or if other problems develop during the course of care that either of his physicians believe warrant this additional diagnostic procedure, then ordering one at that time might be appropriate. But, at this time, evidence-based medicine does not support it.

**Conclusion/Decision to Not Certify:**

The post-operative MRI of the left knee is not medically necessary at this time.

**Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:**

ODG Guidelines

ACOEM Guidelines, Chapter 13

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This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.

### 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.

Chief Clerk of Proceedings / Appeals Clerk  
P. O. Box 17787  
Austin, TX 78744

A copy of this decision should be attached to the request. 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 Division 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 28 day of August/2006.

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Lori Behrend

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

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Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: requestor; respondent

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