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**Date:** 10/8/2018 4:37:15 PM CST

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

MRI any joint XX extremity without contrast

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

**REVIEW OUTCOME:**

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

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Overturned           | Disagree                       |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed XXXX. The current diagnosis was documented as complex tear of the medial meniscus, current injury, of the XX knee, initial encounter. To address XXXX symptoms, the patient participated in physical therapy and utilized muscle relaxants and nonsteroidal anti-inflammatory drugs for pain relieving measures. The patient had sustained injury to the right shoulder in addition to the XX XX extremity. The patient obtained MRI of the XX knee on XXXX which noted a tear of the posterior horn of the medial meniscus extending into the inferior articular surface. XXXX had focal full-thickness cartilaginous defect in the medial aspect of the XX femoral condyle measuring 6-7 mm from anterior to posterior dimension by 3-4 mm the XX dimension with associated XX XX. XXXX has surface irregularities in the cartilage overlying the patella with cartilage in the medial and XX compartments intact. The anterior cruciate ligament and posterior cruciate ligament were intact as were the medial and XX collateral ligaments. XXXX, the patient underwent a XX knee arthroscopy with partial medial XX and chondralplasty of the trochlea. The postoperative evaluation conducted on XXXX indicated the patient was doing well with XXXX incisions dry and clean. Physical therapy was ordered, and the patient was to remain out of work. As of XXXX, it was indicated that the patient had been approved for psychotherapy and only reported mild pain. The physical therapy discharge summary dated XXXX indicated the patient had 4/10 pain although XXXX reported gradual reduction in pain since XXXX surgery. By XXXX, the patient had completed 12 sessions of physical therapy with improvement. XXXX believed that surgery had helped. The patient's pain

level as of XXXX was a 4. XXXX was utilizing various medications to include XXXX. XXXX had tenderness of the medial tibial plateau and of the medial collateral ligament with positive medial XX. A request for MRI was denied on XXXX. The rationale stated that there was no documentation of any previous XX knee cartilage repair tissue to support a repeat MRI with x-rays revealing well-preserved joint lines. There were no mechanical symptoms documented to support a repeat MRI and no evidence of recent trauma to the XX knee. The patient continued to receive treatment for the XX knee with use of various pain-relieving medications. Another request for MRI was denied on XXXX. The rationale stated that repeat MRI is recommended as postsurgical if there is a need to assess the cartilage repair tissue. Routine use of MRI for follow-up of asymmetric patient following knee arthroplasty is not recommended. The original MRI was not noted or provided. A letter To Whom It May Concern dated XXXX reference to the request for authorization for repeat MRI of the XX knee without contrast. No other information was provided beyond that date.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

According to the Official Disability Guidelines, repeat MRIs are indicated post-surgically if there is a need to assess knee cartilage repair tissue. In the case of this patient, it was noted that the patient had undergone a prior XX knee procedure to include a medial XX on XXXX. The patient participated in postoperative therapy and utilize various medications to help alleviate symptoms and improve XXXX overall functionality. Despite the treatment, the patient remained symptomatic and although x-rays revealed well-preserved joint lines, the patient was displaying meniscal pathology during physical examination to include a positive medial XX. Given the patient's history of prior injury and treatment to include the previous surgery, it would be reasonable for the patient to obtain an updated MRI to assess the extent of the patient's pathology in the knee. However, the request as submitted indicates MRI any joint XX extremity without contrast which is non-specific. The physician will need to confirm that the request was in fact for the XX knee to validate the proposed service.

As such, in accordance with the previous denial, the request for MRI any joint XX extremity without contrast is not medically necessary and the request is upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2018, Knee and Leg Chapter, MRI (magnetic resonance imaging).