

# MEDICAL REVIEW OF TEXAS

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**DATE OF REVIEW:** AUGUST 1, 2007

**IRO CASE #:**

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

Left knee arthroscopy, removal of fixation screw from femur, excision of torn meniscus and ACL reconstruction.

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

MD, Board Certified in Orthopedic Surgery

**REVIEW OUTCOME**

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

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Notes from Dr. (xx/xx/xx, 5/23/07, 6/1/07)
- MRI scan-left knee (5/21/07)
- Correspondence from SRS regarding previous non-authorization of requested procedures and review of the clinical file

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient presented to Dr. xx/xx/xx with a complaint of left knee pain. She complained of severe pain while standing and swelling after working for long periods of time. She complained of inability to flex the knee with pain over the medial aspect of the joint. She stated on that date she knew of no specific injury.

She had had previous surgery on the knee xx/xx/xx with reconstruction of her anterior cruciate ligament and excision of torn medial meniscus and chondroplasty of the lateral tibial plateau. Examination on that date revealed some crepitus with range of motion of the knee. There is no knee effusion or ligamentous laxity or any neurovascular problems. The patient was noted to have a limited knee flexion. X-rays obtained that day shows a metallic fixation screw in the femur with no hardware in the tibia and degenerative changes at the patellofemoral joint. The patient was sent for an MRI scan.

MRI scan obtained 5/21/07 showed multiple anomalies in the knee. There seemed to be a previous ACL repair with lack of definite intact graft fibers suggesting attenuation or injury to the ligament. There was noted to be an abnormal signal and deformity of the medial meniscus involving the body and posterior horn with some fragments seen in the intercondylar notch suggesting a possible bucket handle tear versus a loose body. There is also Grade IV chondromalacia of the weightbearing portion of the medial femoral condyle. The lateral meniscus showed evidence of a possible tear in the white zone and some evidence of bone marrow edema of the lateral femoral condyle and lateral tibial along with a large joint effusion.

Dr. saw the patient again 6/1/07 and noted she was awaiting approval for the surgery. On that date she stated that she had had a new injury, which occurred at work on xx/xx/xx when she took a step and her left knee popped loudly. She had a sharp pain and was unable to straighten her knee after that. She apparently reported this to her manager. She stated that she felt the current knee condition was related to the new date of injury on xx/xx/xx. Exam on that date showed crepitus in the knee with range of motion with no knee effusion. There was no ligamentous laxity and no calf tenderness. She demonstrated limited flexion.

Again, Dr. recommended proceeding with exam under anesthesia, arthroscopy with possible ligament reconstruction.

On 7/1/07 Dr. saw the patient again for recheck of her left knee. She was again awaiting approval for surgery. He reviewed her MRI scan findings. He reviewed a determination by Dr. dated 7/6/07 recommending conservative care with injections.

Physical examination showed the patient had crepitus in the knee with a well-healed surgical incision. The crepitus appeared to be coming from the patellofemoral joint. There was a knee effusion and no calf tenderness. Flexion was limited. Once again he recommended that the claimant go ahead with left exam under anesthesia arthroscopy, removal of fixation screw, excision of torn meniscus and possible ACL reconstruction. He stated that she might need her ACL repaired, as conservative treatment of meniscal tear was not indicated. He felt that injection therapy would not aid in the healing of the meniscus. He noted that she was wearing her brace from her previous surgery and was having ongoing problems. He felt that her ongoing problems were due to her torn

meniscus and torn ACL. He recommended surgical treatment. He felt physical therapy was not indicated because of fear of displacing the meniscal fragment or worsening the tear.

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

BASED ON THE CLINICAL INFORMATION PROVIDED, THE NEED FOR SURGERY IS NOT INDICATED AT THIS TIME. ACCORDING TO ODG GUIDELINES CONSERVATIVE CARE IS INDICATED. ORTHOPAEDIC LITERATURE WOULD FURTHER SUPPORT THE VIEW THAT CONSERVATIVE CARE PRIOR TO SURGICAL INTERVENTION FOR POSSIBLE ACL TEAR AND AN OLD MENISCAL INJURY IS APPROPRIATE. APPROPRIATE CONSERVATIVE CARE WOULD INCLUDE INJECTION OF THE KNEE TO CONTROL THE INFLAMMATORY REACTION, WHICH APPEARS TO BE PRESENT. THE PATIENT DEMONSTRATES ADVANCED CHONDROLYSIS OR CHONDROMALACIA OF THE MEDIAL FEMORAL CONDYLE AND IT IS POSSIBLE THAT MUCH OF HER PAIN IS DUE TO INFLAMMATORY CONDITION OF THE KNEE CAUSED BY THE DEGENERATIVE ARTHRITIS, WHICH IS PRESENT ON THE MRI. SHE HAS A DEFORMITY OF THE MEDIAL MENISCUS BUT THIS TYPE OF DEFORMITY IS OFTEN DIFFICULT TO DIFFERENTIATE FROM PREVIOUS PARTIALLY RESECTED MENISCUS. SHE MAY HAVE A LOOSE BODY AS WELL. HOWEVER, AT PRESENT, SHE IS NOT DEMONSTRATING CLINICAL SIGNS OF LOCKING OR MECHANICAL IMPINGEMENT OF THE JOINT. FURTHERMORE, SHE DOES NOT DEMONSTRATE CLINICALLY ANY SIGN OF LAXITY OF THE KNEE, THEREFORE RECONSTRUCTING THE ACL LIGAMENT WOULD NOT BE REASONABLE IF THE CLAIMANT HAS NO SIGNIFICANT LAXITY.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
\* JBJS/ORTHOPEDIC KNOWLEDGE UPDATES [1-7]
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)