

# MEDICAL REVIEW OF TEXAS

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**DATE OF REVIEW: AUGUST 28, 2007**

**IRO CASE #:**

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

Allograft anterior cruciate ligament reconstruction right knee.

## **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**

- \* MD Peer Review (7/25/07)
- \* MD Clinical Notes (1/8/07, 1/19/07, 2/5/07, 2/23/07, 3/23/07, 4/27/07, 6/28/07, 7/18/07). Operative report that he dictated at Hospital 1/25/07 for an arthroscopic surgical procedure that he performed on the patient's right knee and a letter to Healthcare written by Dr. dated 6/27/07. Left knee records.
- \* Center – MRIs of the right knee performed 12/26/06, 7/13/07.
- \* Medicine – Physical therapy evaluation 1/11/07, 2/22/07.
- \* Healthcare coverage position original effective date 6/15/04. Revision dated 6/15/07.
- \* Certificate of Coverage –Healthcare published 3/06, effective date 2/1/06.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This man presented with bilateral knee pain to Dr. He had a history of having played football with knee injuries in college. He has a known arthritic condition involving his left knee, previously treated with several arthroscopies and Visco – supplementations. There was no history of recent right knee injury. Dr. found medial joint line tenderness to palpation on the right knee on physical examination. X-rays were negative.

When the patient was first seen by Dr. he was treated with Ultram for his bilateral knee pain and an MRI of the right knee was ordered.

An MRI performed at Center of the right knee reportedly showed incomplete visualization of the anterior cruciate ligament and mild patellofemoral chondromalacia. KT-2000 evaluation demonstrated no side-to-side deficiency.

Because of right knee pain, arthroscopy was recommended. On re-evaluation after the MRI was obtained Dr. thought that the Lachman and pivot shift tests were equivocally positive.

On 1/25/07 the patient was taken to the operating room. The operative findings include Grade I-II chondromalacia of the patella, Grade II-III chondromalacia of the trochlea and a 40-45% partial tear of the anterior cruciate ligament. The surgical procedure performed included an arthroscopic chondroplasty, partial synovectomy and allograft anterior cruciate ligament reconstruction.

Postoperatively the patient had physical therapy. A repeat MRI performed 7/13/07 showed the ACL allograft to be intact with a wavy appearance. When last seen by Dr. on 7/18/07 the patient was to pursue a home exercise program and be seen back in 3 months time.

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

THIS MAN HAD NO HISTORY OF RECENT KNEE INJURY. HE HAD NO PREOPERATIVE SYMPTOMS OF INSTABILITY AND A KT-2000 EVALUATION WAS NEGATIVE. HE HAD NO COMPELLING ABNORMALITY ON MRI TO INDICATE THAT SURGERY WAS NECESSARY. THE PARTIAL ANTERIOR CRUCIATE LIGAMENT TEAR SEEN ON MRI WAS LIKELY CHRONIC IN NATURE BASED UPON THE FACT THAT THERE WAS NO RECENT INJURY. IT WAS NOT SYMPTOMATIC. FURTHER, HE HAD NO TRIALS OF CONSERVATIVE TREATMENT FOR HIS RIGHT KNEE DISCOMFORT PRIOR TO PERFORMING ARTHROSCOPIC SURGERY. IN THIS SCENARIO, SURGICAL INTERVENTION WAS NOT WARRANTED WITHOUT A TRIAL OF CONSERVATIVE TREATMENT.

ONCE THE ARTHROSCOPY WAS PERFORMED SIMPLY BECAUSE A PARTIAL TEAR OF THE ANTERIOR CRUCIATE LIGAMENT WAS VISUALIZED, IT IS NOT AN INDICATOR FOR RECONSTRUCTION IN A MAN WITHOUT SYMPTOMS OF INSTABILITY. MANY PEOPLE LIVE PRODUCTIVE LIVES WITHOUT NORMAL ANTERIOR CRUCIATE LIGAMENTS.

FINALLY, IF ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION IS TO BE UNDERTAKEN, THIS MAN HAD NO CONTRAINDICATIONS TO USING AN ALLOGRAFT. HE HAD NO PREVIOUS SURGERY OR SIGNIFICANT INJURY TO THE KNEE AND HE DID NOT REQUIRE MULTIPLE LIGAMENT RECONSTRUCTIONS. FURTHER, UTILIZING AN AUTOGRAFT RATHER THAN AN ALLOGRAFT WOULD NEGATE THE PROBLEMS OF POTENTIAL DISEASE TRANSMISSION VIA THE ALLOGRAFT AND ADVERSE INFLAMMATORY REACTION TO THE ALLOGRAFT.

IN CONCLUSION, THE INSURER'S DECISION TO DENY THIS SURGICAL PROCEDURE WAS CORRECT.

## Medical Review of Texas

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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
  - \* "ORTHOPEDIC KNOWLEDGE" UPDATE 7 PUBLISHED BY THE AMERICAN ACADEMY OF ORTHOPEDIC SURGEON
  - \* "CAMPBELL'S OPERATIVE ORTHOPEDIC" 10<sup>TH</sup> EDITION
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)