



REVIEWER'S REPORT

DATE OF REVIEW: December 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Arthroscopy for repair ACL graft rupture

QUALIFICATIONS:

MD degreed board certified orthopedic surgeon with extensive experience in the evaluation and treatment of knee injuries.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA denials, November 14, 2007 to November 28, 2007
3. Office notes, , MD, October 12 through November 8, 2007
4. MRI report, October 29, 2007
5. X-ray report, October 12, 2007

ODG Guidelines were not presented for review

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This xx year old male suffered misstep twisting injury to right knee on xx/xx/xx on his job. Patient works as xxxxxx. His past history a 1989 ACL/MCL surgical repair. There are symptoms of pain and instability in this patient's current examinations with findings of tenderness, minimal laxity. There is a positive MRI scan for ACL graft failure.

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

An ACL graft failure occurs in from 8 – 20 % of ACL reconstructions. Revision reconstruction surgery is recommended for younger patients. The patient needs to recognize that result of revision reconstruction likely to be less satisfactory than primary reconstruction, but it is deemed medically necessary by the reviewer based on current literature.

ODG Guidelines are not productive for this particular case, as this surgical procedure was not found in the guidelines. The reviewer performed a current literature search to aid in his finding.

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

(Check any of the following that were used in the course of your review.)

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 national accepted medical literature (provide a description).

Other evidence-based, scientifically valid, outcome-focused guidelines:
Orthopedic Knowledge Update 3, Sports Medicine, pp 177-178, Instructional Course Lectures, Sports Medicine, AAOS, 2005, pg 305