



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

IRO REVIEWER REPORT

DATE OF REVIEW: 05/25/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Left knee arthroscopy medial collateral ligament repair.

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

Texas License and currently on TDI DWC ADL.
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Required Medical Evaluation, Dr. dated 02/14/06.
2. Medical records, Dr.
3. Utilization review correspondence.
4. Letter of appeal dated 05/14/07.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee was when he sustained an injury to his right knee.

The employee was seen by Dr. for a Required Medical Evaluation on 02/14/06. The employee was reported to have sustained a twisting injury to his right knee while stepping off a ladder,

which resulted in tears to both the medial and lateral menisci, disruption of the anterior cruciate ligament, and a partial tear of the lateral collateral ligament.

The employee was taken to surgery and underwent an ACL reconstruction, repair of the medial meniscus, and partial resection of the lateral meniscus.

The employee was again taken to surgery on 10/20/04 and underwent a second ACL reconstruction utilizing an anterior tibialis graft. This was followed by physical therapy and a work conditioning program.

The claimant was reported to have developed left knee medial joint instability presumed to be due to a medial collateral ligament deficiency made worse by an altered gait. Upon examination, the employee exhibited laxity of the medial collateral ligament with valgus stress testing. Dr. found the employee to be status post multiple surgeries, an aggravation of the medial collateral ligament, laxity of the left knee, and posttraumatic arthritis of the left knee.

The records indicate the employee is currently under the care of Dr.. Dr.'s records indicate the employee has left knee medial collateral ligament instability on examination and radiographs. Stress radiographs indicate a 1 cm opening with stress. A request has been made to perform a left knee MCL reconstruction.

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

The request for left knee MCL repair is not supported by the submitted medical documentation. The available records strongly suggest that the employee has an MCL deficiency that would potentially benefit from operative intervention. However, the submitted clinical records do not establish that the employee has undergone or completed conservative care. The *Official Disability Guidelines* are utilized by State of Texas mandate. The submitted records do not satisfy these guidelines.

Citation:

ODG Indications for Surgery:

1. Conservative Care: (This step not required for acute injury with hemarthrosis). Physical therapy. OR Brace. PLUS.
2. Subjective Clinical Findings: Pain alone is not an indication for surgery. Instability of the knee, described as "buckling or give way", or significant effusion at the time of injury, or description of injury indicates rotary twisting or hyperextension incident. PLUS
3. Objective Clinical Findings (in order of preference): Postive Lackman's sign OR positive pivot shift, OR (optional) positive KT 1000 (>3-5 mm = +1, >5-7 mm = +2, >7 mm = +3), PLUS
4. Imaging Clinical Findings: (Not required if acute effusion, hemarthrosis, and instability, or documented history of effusion, hemarthrosis, and instability.) ACL disruption on: magnetic resonance imaging (MRI), OR arthroscopy OR arthrogram. (Washington, 2003) Woo, 2000) (Shelbourne, 2000) (Millett, 2004)

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. *Official Disability Guidelines*