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Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax:  
877-738-4395

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 10/22/08

**IRO CASE #:**

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

Right knee arthroscopy with ACL reconstruction

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

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.

Right knee arthroscopy with ACL reconstruction - Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An Employer's First Report of Injury or Illness form dated xx/xx/xx  
Evaluations with M.D. dated 10/26/07, 11/02/07, 11/16/07, and 12/04/07

DWC-73 forms from Dr. dated 10/26/07, 11/02/07, 11/16/07, and 12/04/07  
A supplemental report of injury from, Personnel, dated 11/02/07  
Progress/treatment notes from P.T. dated 11/20/07, 11/27/07, 11/29/07, 12/04/07, 12/12/07, 12/18/07, and 12/20/07  
Progress notes from an unknown therapist (signature was illegible) dated 11/26/07 and 12/03/07  
Evaluations with, D.O. dated 01/10/08, 01/25/08, 02/14/08, 02/26/08, and 03/13/08  
DWC-73 forms from Dr. dated 01/10/08, 01/25/08, 02/14/08, 02/26/08, and 03/13/08  
An MRI of the right knee interpreted by, M.D. dated 02/06/08  
An MRI of the lumbar spine interpreted by M.D. dated 02/28/08  
An evaluation with D.C. dated 04/08/08  
Chiropractic therapy with an unknown provider (no name or signature was available) dated 05/07/08, 05/08/08, 05/14/08, 05/20/08, and 06/18/08  
An evaluation with, D.O. and, M.D. dated 05/15/08  
A Physical Performance Evaluation (PPE) with, D.C. and Dr. dated 05/28/08  
A work status form from an unknown physician (signature was illegible) dated 05/28/08  
A DWC-73 form from Dr. dated 05/28/08  
Evaluations with, M.D. dated 05/29/08 and 07/07/08  
Evaluations with, M.D. dated 06/02/08 and 08/04/08  
DWC-73 forms from Dr. dated 06/02/08 and 08/04/08  
A medical documentation review from, M.D. dated 06/09/08  
Laboratory studies dated 07/23/08  
An operative report from Dr. dated 07/25/08  
A letter of adverse determination, according to the ODG, from Dr. dated 09/23/08  
A letter of adverse determination, according to the ODG, from M.D. dated 09/29/08  
An IRO summary dated 10/06/08  
The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

The Employer's First Report of Injury or Illness on xx/xx/xx stated the patient slipped, fell, and sustained muscle soreness/aching in the foot (feet). Physical therapy was performed with Mr. from 11/20/07 through 12/20/07 for a total of seven sessions. Physical therapy was performed with an unknown therapist on 11/26/07 and 12/03/07. An MRI of the right knee interpreted by Dr. on 02/06/08 showed medial and lateral meniscal tears and degenerative changes. An MRI of the lumbar spine interpreted by Dr. on 02/28/08 showed degenerative changes at L4-L5 and L5-S1. Chiropractic therapy was performed with an unknown provider from 05/07/08 through 06/18/08 for a total of five sessions. A PPE with Dr. and Dr. on 05/28/08 indicated the patient functioned at a light physical demand level. On 05/29/08, Dr. recommended a lumbar epidural steroid injection (ESI) and an orthopedic evaluation of the right knee. A right knee arthroscopy and debridement was performed by Dr. on 07/25/08. On 09/23/08, Dr. wrote a letter of adverse determination for a right anterior cruciate ligament (ACL)

reconstruction. On 09/29/08, Dr. also wrote a letter of adverse determination for a right ACL reconstruction.

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

The patient does have clinical and arthroscopic evidence of laxity of the ACL. Although the patient does have chondromalacia, it is stated that the chondromalacia changes were only grade I to II in the medial femoral condyle and the rest of his knee was fine. There was no advanced chondromalacia elsewhere. I am satisfied that all operative choices have been explored and I think it is well within reason to move forward with an ACL reconstruction and this is supported by the ODG. The patient has undergone adequate conservative treatment and the requested right knee arthroscopy with ACL reconstruction is reasonable and necessary.

**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 AND KNOWLEDGE BASE
- 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 (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**