

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 7, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy with ACL reconstruction with Achilles allograft

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

MD, Board Certified Orthopedic Surgeon

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.

Based upon the medical records and the MRI scan provided, the indications for an anterior cruciate ligament reconstruction are present and conform with the ODG Guidelines. The reviewer finds that medical necessity exists for Left knee arthroscopy with ACL reconstruction with Achilles allograft.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 8/14/08, 9/2/08
ODG-TWC, Knee & Leg
MD, 9/2/08, 8/5/08, 7/8/08, 5/20/08, 4/30/08, 4/2/08
Operative Report, 4/24/08
MRI, 7/22/08
MRI, 2/25/08
Daily Notes, 5/5/08, 5/6/08, 5/16/08, 5/19/08, 6/5/08, 6/12/08, 6/11/08, 6/18/08, 7/9/08, 7/17/08, 7/23/08

Progress Report, 6/12/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old male who was injured on xx/xx/xx. He tripped on an extension cord and twisted his knee and felt a pop. He was evaluated with an MRI scan and physical examination and found to have a complex tear of the lateral meniscus. He had a diagnostic arthroscopy of the left knee with medial and lateral meniscectomies performed. Postoperatively he did well for a while, but then notes from July 2008 indicate the patient was having a great deal of persistent pain and therapy was not helping. Examination resulted in the patient undergoing a repeat MRI scan with evidence of an anterior cruciate ligament tear and complex involvement of the lateral meniscus and a tear involving the medial meniscus. Physical examination in August 2008 revealed laxity in the anterior cruciate ligament. Previous reviewer concluded that based upon the information provided, the patient must have sustained an intervening injury. On that basis, he denied the surgical procedure. Current request is for an anterior cruciate ligament reconstruction.

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

Based upon the medical records and the ODG Guidelines, this patient does have an ACL tear both on MRI scan and clinically. He is young and has a positive Lachman's test and notes of instability. With this in mind, he conforms to the ODG indications for surgery for ACL reconstruction. Hence, the medical necessity in this case is present for this surgical procedure, and the previous adverse determination is therefore overturned. The reviewer finds that medical necessity exists for Left knee arthroscopy with ACL reconstruction with Achilles allograft.

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 KNOWLEDGBASE
- 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)**