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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/06/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopic Anterior Cruciate Ligament (ACL) Repair with Synovectomy of the Right Knee

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

M.D., 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 3/5/09, 2/16/09

Office note, Chiropractor, 04/10/08

Office notes, Provider unknown, 04/16/08, 09/24/08

EMG, 05/02/08

Office notes, Dr. 07/22/08, 11/25/08, 12/13/08, 01/13/09, 02/05/09, 03/12/09

Chiropractic notes, 08/15/08 to 09/09/08, 09/25/08, 10/02/08, 12/30/08, 01/30/09, 02/16/09, 03/16/09

Right knee MRI, 10/24/08

RME, Dr. 10/27/08

MRI right knee, 01/05/09

Peer review, Dr. 02/16/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with complaints of right knee pain with insidious onset from xx/xxxx. The 10/24/08 right knee MRI showed the medial meniscus with mild mucoid degeneration but no meniscal tear, grade 1 medial collateral ligament sprain, grade 3 thinning of the medial compartment cartilage and mild medial patellar chondromalacia. The 01/05/09 MRI of the right knee showed acute partial thickness tears involving the anterior medial and posterior lateral fiber bundles of the anterior cruciate ligament at the tibial attachment, the tear involves approximately half of both of the fiber bundles, grade III chondromalacia along the weightbearing surfaces of the medial femoral condyle and the medial patella subluxation and grade III patellofemoral chondromalacia. Dr. evaluated the claimant on 02/05/09 for locking and popping to the right knee. The examination revealed progressive anterior cruciate laxity, tenderness and modified Apley's load compression. The diagnoses were: synovitis, effusion, internal derangement, anterior cruciate ligament instability, osteoarthritis lower extremity and partial tear of the anterior cruciate ligament.

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

The records show that this gentleman has been treated for right knee pain. The original MRI scan documented no discrete meniscal tear and a grade I medial collateral ligament strain and thinning of the medial compartment articular surface. It did not originally document anterior cruciate ligament pathology, which was apparently documented on the more recent MR arthrogram. Records document some degree of conservative care, although do not outline the extent of conservative care to date and do not document obvious signs of structural instability.

The clinical information does not make a compelling case for anterior cruciate ligament reconstruction and/or repair. This gentleman's examination is described as positive for an anterior cruciate ligament examination, but does not truly make a case for demonstrable clinical instability that would warrant proceeding with surgical intervention in this gentleman who already has known degenerative changes in the knee. The request does not meet the ODG indications for ACL surgery. The reviewer finds that medical necessity does not exist for Arthroscopic Anterior Cruciate Ligament (ACL) Repair with Synovectomy of the Right Knee.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, knee

ODG Indications for Surgery| -- Anterior cruciate ligament (ACL) reconstruction

1. Conservative Care: (This step not required for acute injury with hemarthrosis.) Physical therapy. OR Brace. PLU
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. PLU
3. Objective Clinical Findings (in order of preference): Positive Lachman's sign. OR Positive pivot shift. OR (optional) Positive KT 1000 (>3-5 mm = +1, >5-7 mm = + 2, >7 mm = +3). PLU
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)

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

- ACOEM-AMERICA 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 (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)