



**DATE OF REVIEW:** 01/29/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Anterior cruciate ligament reconstruction, left.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the patient suffering significant 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. ZRC forms
2. TDI referral
3. Healthcare fax cover
4. Denial letters, 11/26/08 and 12/29/08
5. Requestor records
6. Clinical notes 12/16/08, 11/12/08, and 10/14/08
7. Denial letters, 07/17/08
8. Physical therapy notes, 11/25/08 through 12/04/08, five entries
9. Operative report, 09/21/07
10. URA records
11. Workers' Compensation information

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a male with a history of knee injury sustained on xx/xx/xx. He underwent an ACL reconstruction of the right knee, utilizing a patellar tendon bone-tendon-bone transfer. The ACL reconstruction was of his left knee, and the donor graft was obtained from the right knee. Subsequently he developed a spontaneous fracture of the right

patella requiring open reduction internal fixation. Furthermore, he later suffered a recurrent tear of the ACL on the left side, requiring yet another surgical procedure. He has had two failed attempts to achieve ACL reconstruction of the left knee. Unfortunately, he continues to suffer instability. He has a positive Lachman's test, anterior and posterior drawer signs are positive, and he seems to be suffering giving-way episodes, producing additional injury. Reconstruction of his anterior cruciate ligament appears indicated on the basis of this ongoing instability.

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

The patient has ongoing instability of the left knee. He has a positive Lachman's test and positive anterior and posterior drawer signs. He has episodes that appear to be giving-way episodes, and suffering other injuries. Yet another attempt to achieve reconstruction of his knee yielding stability would appear to be appropriate.

**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, 2009, Knee Chapter, ACL Reconstruction passage
- 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 (provide a description.)