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Notice of Independent Review Decision

DATE OF REVIEW: 10/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee ACL reconstruction with unicompartmental arthroscopy

**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 ACL reconstruction with unicompartmental arthroscopy - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An x-ray of the right knee interpreted by M.D. dated 07/24/09
An MRI of the right knee interpreted by Dr. dated 08/11/09
An evaluation with M.D. dated 09/01/09

Manual Muscle Testing and Range of Motion (ROM) testing dated 09/01/09
Letters of denial, according to the Official Disability Guidelines (ODG), dated 09/10/09 and 09/18/09

A letter of non-authorization, according to the ODG, from M.D. dated 09/10/09

A letter of non-authorization, according to the ODG, from M.D. dated 09/18/09

A letter from Utilization Management dated 09/29/09

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An x-ray of the right knee interpreted by Dr. on 07/24/09 showed medial femorotibial and femoropatellar joint space narrowing with marginal osteophytes and joint effusion. An MRI of the right knee interpreted by Dr. on 08/11/09 showed a complete grade III anterior cruciate ligament (ACL) tear of uncertain age, degenerative and/or postoperative changes in the medial meniscus, and chondromalacia of the articular surface of the medial femoral condyle and medial tibial plateau. On 09/01/09, Dr. recommended a unicompartmental arthroplasty and ACL reconstruction. On 09/10/09 and 09/18/09, wrote letters of denial for the knee surgery. On 09/10/09, Dr. wrote a letter of denial for the knee surgery. On 09/18/09, Dr. wrote a letter of denial for the knee surgery.

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

The combination of ACL reconstruction at the same time as unicompartmental knee arthroplasty is not the current standard of medical care. The patient does not meet the criteria for an ACL reconstruction nor does he meet the criteria for any sort of knee arthroplasty. He has multiple compartment disease, manifested by chondromalacia on the MRI. His weight was not stated. He is below the minimum age that the ODG allows for the use of knee arthroplasty. The patient has not had sufficient conservative care for his osteoarthritis nor has the medial compartment arthritis been quantified. Therefore, on multiple bases, the requested right knee ACL reconstruction with unicompartmental arthroplasty would not be clinically reasonable or necessary and the previous adverse determinations should be upheld.

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)**

American Academy of Orthopedic Surgeons Knowledge Update