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**Notice of Independent Review Decision
IRO REVIEWER REPORT – WC (Non-Network)**

DATE OF REVIEW: 07/28/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee ACL reconstruction with allograft

**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 allograft - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A Notice of Employee's Work-Related Injury/Illness form from Texas Department of Criminal Justice dated 12/04/09

Evaluations with M.D. dated 12/04/09, 12/17/09, 01/19/10, 02/02/10, 02/15/10, 05/03/10, and 06/11/10

DWC-73 forms from Dr. dated 12/04/09, 12/17/09, 01/19/10, 02/02/10, 02/15/10, and 05/03/10

X-rays of the right knee interpreted by (no credentials were listed) dated 12/04/09

An MRI of the right knee interpreted by M.D. dated 12/14/09

Evaluations with M.D. dated 12/22/09 and 12/28/09

DWC-73 forms from Dr. dated 12/22/09 and 12/28/09

Evaluations with M.D. dated 01/07/10 and 05/18/10

X-rays of the chest interpreted by Dr. dated 01/19/10

Laboratory studies dated 01/19/10

PLN-11 forms from dated 01/27/10 and 02/01/10

An attending practitioner's statement from Dr. dated 02/15/10

A Designated Doctor Evaluation with D.O. dated 03/31/10

Letters of non-authorization for right knee surgery, according to the Official Disability Guidelines (ODG), from dated 05/25/10 and 06/15/10
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

X-rays of the right knee interpreted by Dr. on 12/04/09 showed chondrocalcinosis and knee joint effusion. An MRI of the right knee interpreted by Dr. on 12/14/09 showed moderate joint effusion, disruption of the anterior cruciate ligament (ACL), a horizontal tear through the entire posterior horn of the medial meniscus, and a 10 mm. partial thickness cartilage defect of the lateral tibial plateau. On 12/22/09, Dr. discussed right knee surgery. On 01/19/10, Dr. recommended a Required Medical Evaluation (RME) and an orthopedic evaluation. Chest x-rays interpreted by Dr. on 01/19/10 were unremarkable. A PLN-11 form on 01/27/10 indicated the insurance carrier disputed any/all benefits for conditions and/or symptoms not relating to a right knee strain. On 02/01/10, another PLN-11 form stated the insurance carrier disputed entitlement of all medical and indemnity for a medial meniscus tear, disruption of the ACL, and chondrocalcinosis. On 03/31/10, Dr. felt the patient was not at Maximum Medical Improvement (MMI) and recommended an ACL repair followed by the appropriate rehabilitation. On 05/25/10 and 06/15/10, wrote letters of non- authorization for the right knee ACL reconstruction.

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

The patient has a constellation of findings, including meniscal tear, cartilaginous damage to the knee, and ACL disruption. While the patient does not meet the classical criteria for ACL reconstruction as listed in the ODG (there is no gross instability), the performance of an ACL reconstruction at this time will slow the progression of osteoarthritis as a result of this injury and possibly prevent the need for a total knee replacement in the future. Therefore, in my opinion, this is the only course of care for the benefit of the patient. The patient's ACL tear is acute and the patient's clinical course would be better if he had the ACL reconstruction as opposed to not having the ACL reconstruction. In the end it will be less deleterious to his overall health if he has the ACL reconstruction at this time and it will overall limit the exposure on the patient if the ACL reconstruction is performed at this time as opposed to needing a total knee replacement in the future as a result of the degenerative changes that would naturally result from this injury if left untreated. Therefore, the right knee ACL reconstruction with allograft is reasonable and necessary and the previous adverse determinations should be overturned.

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)