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Notice of Independent Review Decision

DATE OF REVIEW: 07/16/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: APPEAL Rt knee PCL repair

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes by Dr. date 08/27/09 till 11/02/09
2. Physical therapy notes by dated 08/28/09 till 09/30/09
3. Clinical notes by Dr. dated 09/24/09 till 05/13/10
4. Physical therapy notes by dated 10/06/09 till 01/05/10
5. Clinical note by Dr. dated 12/01/09
6. Clinical notes by Dr. dated 01/05/10 till 03/22/10
7. Clinical note by Dr. dated 03/10/10
8. Prior review by Dr. dated 05/24/10
9. Prior review by Dr. dated 06/03/10
10. Cover sheet and working documents
11. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

A clinical note by Dr. dated 08/27/09 reported the employee was injured when his right shin hit a board and his foot was caught. The note reported the employee's right knee popped.

A physical therapy note dated 09/09/09 reported the employee had completed six sessions of treatment. The note reported the employee was awaiting authorization for an MRI.

An orthopedic consultation by Dr. dated 09/24/09 reported the employee was previously treated with some physical therapy with some benefit and bracing with mild relief. The note reported the employee complained of "a couple of episodes" above buckling. The note reported an MRI revealed a complete rupture of the posterior cruciate ligament that was torn primarily off the tibial origin. The employee was recommended for four to six months of physical therapy before any surgical intervention would be considered.

A physical therapy note dated 11/02/09 reported the employee had completed thirteen sessions of treatment. The physical examination reported findings of 100 degrees of flexion and 3+/5 motor strength.

A clinical note by Dr. dated 11/02/09 reported the employee had been working with duty restrictions. The employee complained of right knee pain in the posterior aspect. The employee was recommended for medication management and physical therapy.

A physical therapy note dated 01/05/10 reported the employee completed twenty-four sessions to date. The note reported the employee had increased right knee range of motion to 116 degrees of flexion.

A clinical note by Dr. dated 02/25/10 reported physical examination findings of Grade 3 PCL with a soft endpoint and tenderness palpation along the medial joint line. The employee was recommended for steroid injection. The note reported given the employee's size and the nature of injury surgical intervention would not be warranted at that point. The employee was given a steroid injection.

A clinical note by Dr. dated 05/13/10 reported the employee continued to complain of pain and instability. The physical examination reported normal gait, medial joint line tenderness, 130 degrees of flexion, positive posterior drawer sign, Grade 3 with a soft endpoint, and no quadriceps weakness. The employee was recommended for posterior cruciate ligament reconstruction with allograft.

A prior review by Dr. reported the request for PCL repair was denied secondary to the employee's weight, diabetes, and need for continued conservative treatment.

A prior review by Dr. dated 06/03/10 reported the request for PCL repair was denied secondary to a lack of documentation, and PCL repair been under study according to guidelines.

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

The request for right knee posterior cruciate ligament repair is not medically necessary.

Clinical documentation indicates the employee underwent a previous MRI study that revealed a complete rupture of the posterior cruciate ligament. The employee has been previously treated with twenty-four sessions of physical therapy, bracing, medication management and injection therapy with continued subjective complaints of pain and instability. **Official Disability Guidelines** state that posterior cruciate ligament repair is currently under study. There is also no indication on radiographic studies that the employee has developed osteoarthritis secondary to the posterior cruciate ligament tear.

In consideration of the records and facts presented, there is insufficient supportive evidence to recommend the necessity of the rt knee PCL repair. As such, the medical necessity for the request for right knee posterior cruciate ligament repair has not been established at this time.

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

Official Disability Guidelines, Knee Chapter

Posterior cruciate ligament (PCL) repair

Under study. Injuries of the posterior cruciate ligament (PCL) of the knee frequently occur in automobile accidents and sports injuries, although they are less frequent overall than injuries of the anterior cruciate ligament (ACL). Some patients show significant symptoms and subsequent articular deterioration, while others are essentially asymptomatic, maintaining habitual function. Management of PCL injuries remains controversial and prognosis can vary widely. Interventions extend from non-operative (conservative) procedures to reconstruction of the PCL, in the hope that the surgical procedure may have a positive effect in the reduction/prevention of future osteoarthritic changes in the knee. No randomized or quasi-randomized controlled studies were identified. (Peccin-Cochrane, 2005)