

MAXIMUS Federal Services, Inc.
11000 Olson Drive, Suite 200
Rancho Cordova, CA 95670
Tel: [800] 470-4075 Š Fax: [916] 364-8134

**Notice of Independent Review Decision
Reviewer's Report**

DATE OF REVIEW: September 7, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee anterior cruciate ligament (ACL) reconstruction with allograft tendon repair.

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

M.D., Board Certified in Orthopedic Surgery.

REVIEW OUTCOME

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

- Upheld (Agree)
 Overtuned (Disagree)
 Partially Overtuned (Agree in part/Disagree in part)

ACL reconstruction with allograft tendon repair of the right knee is medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 8/5/10.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 8/13/10.
3. TDI Notice to IRO of Case Assignment dated 8/16/10.
4. Medical records from, MD dated 6/14/10 through 7/16/10.
5. ODG – TWC: ODG Treatment Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).
6. Denial Documentation dated 7/2/10 and 7/26/10.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a twisting injury to his right knee on xx/xx/xx. He is diagnosed with complete disruption of his anterior cruciate ligament (ACL). He was evaluated by an orthopedist on 6/14/10, at which time it was noted that the patient reported a lot of swelling and pain, was unable to bear weight (was using crutches), and felt like the knee would give out on him. On examination, there was mild effusion, fairly good alignment, no palpable spurs, no signs of cellulitis, Lachman appeared to be positive as did anterior drawer, collateral ligaments were intact, there was mild medial and lateral joint line pain, and McMurray's appeared to be negative. An x-ray of the right knee was noted as essentially unremarkable. The impression was possible right knee ACL tear. The plan was for an MRI, work on range of motion and weightbearing, and the patient was restricted from work.

The 6/17/10 report of a right knee MRI documented complete disruption of the ACL, moderate medial compartment osteoarthritis with grade IV chondromalacia and degenerative tears of the body and posterior horn of the medial meniscus, mild joint effusion, and a grade I medial collateral ligament

sprain. Surgical intervention with reconstruction of the ACL with allograft was proposed. The requested surgical authorization has been denied by the Carrier on the basis of a lack of documented conservative care and response to that care. The orthopedist's office has indicated that the patient has failed conservative care, noting that he has taken Voltaren with minimal improvement with swelling, but no significant improvement in terms of knee stability. It has been noted that the patient is at the point where the knee is buckling and giving way and that he has gross instability of the knee.

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

The submitted clinical evidence supports the medical necessity of right knee ACL reconstruction with allograft tendon repair. The evidence demonstrates that this patient meets appropriate guidelines for an ACL reconstruction with allograft. Official Disability Guidelines (ODG) indicate that conservative care prior to surgical intervention is not required for an acute injury with a hemarthrosis. The patient's history is consistent with an acute injury and hemarthrosis, as he reported a specific pop with a twisting injury followed by "a lot of swelling." A subsequent MRI confirmed an effusion in the knee with a complete disruption in the ACL. Further, as the ODG guidelines indicate, outcomes are better for younger patients who undergo surgical intervention as opposed to conservative management. At age xx, this patient falls within the younger group of patients for whom ACL reconstruction with allograft repair has been shown to most appropriate. All told, I have determined that the requested surgery is medically necessary for treatment of the patient's medical condition.

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 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)