

Notice of Independent Review Decision

DATE OF REVIEW: 08/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior cruciate ligament reconstruction utilizing hamstring allograft, right knee

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering knee injury

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp.</i>						<i>Upheld</i>

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment referral forms
2. Letters of denial dated 07/19/11 and 07/26/11 including criteria used in the denial
3. Treating physician's request for preauthorization for the anterior cruciate ligament reconstruction utilizing hamstring tendon allograft
4. Clinic office notes, 07/06/11, 07/08/11 and 07/13/11
5. Documentation of Medical Center emergency room evaluation
6. Employer's First Report of Injury xx/xx/xx

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who suffered a straining twisting injury of the right knee when she attempted to kick in a door utilizing her left leg. Her right knee gave way underneath. The description of the mechanism of injury suggested twisting and valgus strain. The date of injury is xx/xx/xx. The first report of injury was dated xx/xx/xx, and the patient was evaluated in the emergency room of Medical Center on that date. The patient had x-rays made. A diagnosis of knee sprain was made. She was placed in a knee immobilizer, provided with crutches, and referred to an orthopedic surgeon for follow-up. She was evaluated, and MRI scan of the knee was obtained revealing full thickness anterior cruciate ligament tear in its proximal portion and a lateral meniscus tear. Physical findings included positive Lachman's test and positive McMurray's sign. There was a mild effusion. There is no documentation of hemarthrosis. The patient has reported episodes of instability. There is no documentation of continued use of the knee immobilizer, the crutches, or the institution of a physical therapy program. The current request is for an anterior cruciate ligament reconstruction utilizing hamstring allograft. This request has been considered and denied, reconsidered and denied.

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

The patient is a with high physical demand. She may well come to require ACL reconstruction; however, in the absence of hemarthrosis and in the absence of physical therapy program, it would be inappropriate to approve this reconstruction surgical procedure at this time. The documentation of the non-operative treatment including physical therapy and/or brace and/or ambulation aids such as crutches should be provided.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS 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 judgment, 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.

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- _____ Peer reviewed national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)