

SENT VIA EMAIL OR FAX ON
Dec/23/2010

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACL Reconstruction, possible revision, partial meniscetomy, chondroplasty possible microfraction, hamstring versus allograft

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

Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Utilization review notice of adverse determination 10/14/10, MD
2. Utilization review notification of reconsideration determination 12/02/10 MD
3. Office visit notes DO 09/14/10 and 09/27/10
4. MRI of the left knee 07/19/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Injured employee reports an injury as he was picking up a trailer and felt his knee shift, increased pain. Injured employee is noted to be status post two previous knee surgeries including ACL reconstruction performed approximately 10 years ago and arthroscopic meniscal surgery approximately three years ago. MRI of the left knee performed 07/19/10 revealed abnormal appearance of the anterior fibers of the anterior cruciate ligament graft reconstruction suggesting partial thickness graft tear. There was markedly abnormal appearance of the posterior horn and

body of the medial meniscus with what appeared to be minimal displaced meniscal tissue near the posterior horn root attachment site and is concerning for a re-tear favored over partial meniscectomy changes. There's a focal area full thickness fissuring and chondral loss involving the posterolateral tibial plateau as well as posterior weight bearing lateral femoral condyle with adjacent subchondral reactive marrow changes. Physical examination revealed a mild effusion of the left knee. There's tenderness to palpation at the medial joint line, with no tenderness at the lateral joint line. Range of motion is 0-120 degrees. McMurray's test is positive.

A request for outpatient surgery left ACL reconstruction, possible revision, partial meniscectomy, chondroplasty possible microfracture, hamstring vs. allograft was reviewed by Dr. and determined as not medically necessary on 10/14/10. Dr. noted the injured employee presents with left knee pain with associated decreased mobility, popping and swelling. On physical examination there was mild effusion, tenderness to palpation at the medial joint line. Range of motion was from 0-120 degrees with positive McMurray's test. There is 1+ laxity with anterior drawer testing, negative posterior drawer test. Lachman's test is positive. There is mild pain with patellofemoral compression testing. There is no apprehension. Collateral ligaments are stable to varus valgus stress testing, negative Homan's and Moses test. Left knee MRI showed abnormal appearance of the anterior cruciate ligament graft reconstruction suggest partial thickness tear. The reviewer noted that additional information is needed in the medical report if there is failure of initial and optimal conservative measures such as intake of pain medications and physical therapy.

A reconsideration request was reviewed by Dr. on 12/02/10 and the request was again determined as non-certified. Dr. noted that treatment has included medication; however, there is no documentation of conservative care with physical therapy or bracing and medical necessity is deemed not fully established.

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

Based on the clinical data provided for review, the request for ACL reconstruction, possible revision, partial meniscectomy, chondroplasty possible microfracture, hamstring vs. allograft is not seen as medically necessary. Injured employee has a remote history of previous ACL reconstruction approximately 10 years ago as well as arthroscopic meniscal surgery approximately three years ago. MRI of the left knee performed on 07/19/10 revealed post-surgical changes of prior ACL graft with mild enlargement of the graft and abnormal appearance of anterior fibers suggesting partial thickness graft tear with no evidence for full thickness graft disruption. There also is markedly abnormal appearance of the posterior horn and body of the medial meniscus, which may be related to prior partial meniscectomy changes/repair changes. As noted on previous review, the injured employee was noted to have been treated with medications, but no other conservative treatment was documented including therapy, bracing, etc. A determination of medical necessity is not supported by the clinical data presented.

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

ACOEM-AMERICA 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)