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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACL Reconstruction Left Knee

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

M.D., 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

Dr. Office Records: 04/01/09, 04/30/09, 05/28/09, 08/14/09, 09/17/09, 10/08/09, 12/03/09, 01/07/10, 02/18/10, 03/25/10, 04/22/10,

Dr. Office Records: 03/17/10, 06/15/10, 10/20/10

Left Knee X-Rays: 05/07/10

MRI Left Knee: 06/03/10

Dr. Office Records: 06/17/10, 07/15/10

Fax/ Authorization Request -- reconsideration for surgery: 11/15/10

Peer Reviews: 11/18/10, 12/13/10

Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant with a reported left knee injury that occurred while at work on xx/xx/xx while he was pushing boxes on a conveyor belt and hit his left knee, causing a subluxation of the patella and an anterior cruciate ligament (ACL) tear. He underwent a left knee arthroscopic ACL reconstruction on 10/06/08. His current diagnosis is chronic pain with a history of internal derangement of the left knee, ACL deficiency, meniscal tears, and chondromalacia. Dr. documented on 01/07/10 that the claimant had continued severe left knee pain and associated depression. He was reportedly attending psychological counseling but was noted to have only completed 5 days of his chronic pain program. The 02/18/10 record revealed the claimant was non-compliant with the chronic pain management program and was non-compliant with his orthopedic appointments.

The claimant underwent an orthopedic evaluation by Dr. on 03/17/10 who documented he was on a host of medications for his underlying chronic pain condition. The exam revealed guarding with no evidence of swelling or erythema along with diffuse tenderness throughout the anterior knee, mediolateral joint line and posteromedial corner of the left knee. He had a

significant anterior drawer with soft endpoint and a positive Lachman. Pivot shift was very difficult. Updated x-rays and an MRI were recommended. Left knee x-rays obtained on 05/07/10 were within normal limits. The left knee MRI performed on 06/03/10 revealed the prior ACL repair with a heterogeneous signal surrounding the ligament that appears to be intact with notation that the signal abnormality may be related to adjacent scar tissue. The menisci were intact and there was a lower signal intensity in Hoffa's fat pad extending up to the inferior pole of the patella, most consistent with scar tissue. On 06/15/10, Dr. documented that the claimant would do well with an arthroscopy and true ACL reconstruct but that his chronic pain issues needed to be addressed before considering any surgery. Therapy to include an exercise bike and treadmill along with home exercises were recommended.

On 06/17/10, Dr. indicated he was still having chronic pain issues and had not reached maximum medical improvement at this point. The exam demonstrated moderate pain and tenderness with left knee range of motion that was decreased to flexion and extension along with a small effusion. Flexeril was prescribed along with continued off work status. The 07/15/10 office record indicated the claimant was off all his medications and denied any pain or tenderness in his left knee. The exam revealed he walked quickly and without any evidence of pain with full range of motion, no obvious swelling and negative Lachman and varus/valgus stresses. Advil or Tylenol were recommended for pain management and he was released to full duty status. On 09/17/10, examination by Dr. states "The knee shows no evidence of swelling. He has three scope portals, very nicely healed. No erythma. He is tender diffusely throughout anterior knee, mediolateral joint line...He has a significant anterior drawer with soft endpoint and positive Lachman. Pivot shift is very difficult. He is guarded. He has a negative posterior drawer."

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

An ACL Reconstruction Left Knee would not be considered medically necessary at this time based on review of the records provided in this case. The 07/15/10 office record indicated the claimant was off all his medications and denied any pain or tenderness in his left knee. The exam revealed he walked quickly and without any evidence of pain with full range of motion, no obvious swelling and negative Lachman and varus/valgus stresses. Exam note of 9/17/10 recommends "an updated MRI of the left knee as well as x-rays of the left knee in order to assess implant placement, whether he has hardware in there, and the condition of his ACL. I will recheck him after completion and determine further operative course from here. Certainly, his chronic pain issue is significant and he needs to be managed as a separate but related issue to his underlying knee pain." There was no updated MRI provided for review. ODG Indications for ACL reconstruction surgery are not satisfied. The patient was noted to have only completed 5 days of his chronic pain program. The 02/18/10 record revealed the claimant was non-compliant with the chronic pain management program and was non-compliant with his orthopedic appointments. Previous reviewer has noted that the maximum potential of the conservative treatment done was not fully exhausted. For these reasons, upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)