

SENT VIA EMAIL OR FAX ON  
May/11/2011

## IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 405-0875

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/11/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Arthroscopic reconstruction of lateral corner right knee outpatient

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

Board Certified Orthopedic Surgery

**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. Notice of adverse determination 03/14/11 regarding request for arthroscopic reconstruction of lateral corner of right knee, outpatient
2. Notification of reconsideration determination 04/14/11 regarding non-certification appeal arthroscopic reconstruction of lateral corner of right knee, outpatient
3. Utilization review referral appeal 03/29/11
4. Office notes M.D. 09/13/10-01/19/11
5. MRI right knee 05/14/10
6. Shea Physical Therapy initial evaluation and knee progress notes / discharge summary 03/10/10-04/06/10
7. Orthopedic consultation M.D. 08/31/10
8. Designated doctor evaluation 08/23/10
9. Utilization review referral 03/09/11
10. Undated appeal letter from injured employee
11. Operative report 02/25/10 regarding right knee arthroscopy and anterior cruciate ligament reconstruction with allograft

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a female whose date of injury is xx/xx/xx. Records indicate she slipped and hyper extended her right knee. The injured employee underwent right knee arthroscopy and ACL reconstruction with allograft on 02/25/10. MRI of the right knee on 05/14/10 revealed postoperative changes with previous ACL reconstruction with intact graft fibers. There was mild residual bone marrow edema near the femoral and tibial tunnels. Medial and lateral meniscal myxoid degeneration without tear was also noted. The injured employee was noted to continue to complain of right knee pain. X-rays on 01/19/11 were noted to show ACL reconstruction of right knee with intact medial and

lateral cartilage. Some mild narrowing of medial compartment was noted when compared laterally. A screw is present on proximal aspect of tibia. Oblique lateral view shows bone grafting position on tibia and on femur. Physical examination of right knee on 01/19/11 noted the injured employee still has tenderness in area of lateral collateral ligaments. There is some mild lateral joint line pain. There is no medial joint line pain and no pain to patellar compression. There is good stability to varus/valgus stress and Lachman exam.

A request for arthroscopic reconstruction of lateral corner right knee, outpatient was reviewed on 03/14/11, and the request was non-certified as medically necessary. The reviewer noted the injured employee complains of right knee pain. On physical examination there is tenderness in the area of lateral collateral ligaments. There was good stability to varus / valgus stress and Lachman examination. MRI scan of right knee showed medial and lateral meniscal myxoid degeneration without tear. Treatment has included physical therapy. However, there is no documentation of subjective / objective findings specific for posterolateral corner injury (including posterior displacement of tibia during external rotation at 30 degrees, failure of nonoperative treatment, and MRI showing pathology in posterolateral corner). Therefore, medical necessity of this request has not been established.

A reconsideration / appeal request for arthroscopic reconstruction of lateral corner of right knee, outpatient was reviewed on 04/14/11, and the request was determined as non-certified. The reviewer noted the latest medical report dated 01/19/11 indicated the injured employee's states her pain worsened. Pertinent physical examination of the right knee revealed tenderness in area of lateral collateral ligaments and some mild lateral joint line pain. There is good stability to varus / valgus stress and Lachman exam. MRI scan of right knee dated 08/23/10 was noted to show mild degenerative change articular cartilage posteriorly, lateral femoral condyle. The medial meniscus is without tear, along with small joint effusion without popliteal cyst. The injured employee was noted to have undergone 9 sessions of physical therapy; however, there is no note that the injured employee failed treatment. There is no objective documentation that the injured employee failed pharmacotherapy. It was noted that the maximum potential of conservative treatment is not fully exhausted prior to consideration of surgical procedure. An addendum to the report noted that there was documentation the injured employee was taking Tramadol, Naproxen, and Hydrocodone, and stated medications were no longer beneficial as they were previously. The injured employee also stated she did not receive benefit from physical therapy and has been prescribed steroids on two different occasions without benefit. The new information was taken into consideration; however, the knee exam does not reveal instability, nor do the imaging findings support the request for this surgical intervention.

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

Based on the clinical data presented for review, medical necessity is not established for arthroscopic reconstruction of lateral corner right knee outpatient. The injured employee is status post right knee arthroscopy and ACL reconstruction with allograft on 02/25/10. She continued to complain of right knee pain. Per designated doctor evaluation on 08/23/10 the injured employee was determined to have reached maximum medical improvement with a 7% impairment rating. More recently examination on 01/19/11 reported tenderness in the area of the lateral collateral ligament with some mild lateral joint line pain. There was good stability to varus valgus stress and a Lachman exam. As noted on previous review there was no documentation of subjective/objective findings specific for a posterolateral corner injury to include posterior displacement of the tibia during external rotation at 30 degrees. There was a lack of documentation of failure of non-operative treatment and MRI showing the pathology in the posterolateral corner. Given the lack of evidence of instability on clinical examination and the absence of appropriate findings on imaging, medical necessity is not established.

**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)