Icon Medical Solutions, Inc.

11815 CR 452
Lindale, TX 75771
P 903.749.4272
F 888.663.6614

Notice of Independent Review Decision

DATE: December 14, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
RT Knee ACL Reconstruction, Med/Lat Meniscus Debridement

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is certified by the American Board of Orthopaedic Surgeons with over 40 years of experience.

REVIEW OUTCOME:

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

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
10/11/12: Encounter Notes
10/11/12: Consultation Referral Request
10/11/12: Texas Workers' Compensation Work Status Report
10/17/12: Facsimile Transmittal Information
10/19/12, 11/02/12: Clinical Encounter Summaries
10/29/12: MRI Right Knee report interpreted
11/12/12: Pre-Authorization Request
11/15/12: UR performed
12/05/12: UR performed
ODG-TWC Knee & Leg
Texas Department of Insurance, Chapter 12. Independent Review Organizations

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a gentleman who injured his right knee at work when he twisted his right knee/lower leg upon stepping down on xx/xx/xxxx.

10/11/12: The claimant was evaluated for right leg pain. He reported twisting his right knee/lower leg upon stepping down from a truck. He reported pain in the proximal aspect of the fibula. He reported increased pain with bearing weight and walking. On examination of the right leg, there was a bulge and tenderness to the proximal fibula. X-ray consistent with a fracture of proximal fibula. Right knee: No TTP at patella or joint line. ASSESSMENT: Right leg fracture, right proximal fibular fracture. PLAN: Precautions. No weight bearing until seen by ortho. Posterior long leg splint, crutches.

10/19/12: The claimant was evaluated. He complained of jumping off a bumper and had a bucket swinging up and hit him on the lateral aspect of the knee just distal to the knee actually. He had pain and swelling to this location. He also had some pain and swelling into the ankle. His biggest pain was along the medial aspect of the knee. He thought that he had a valgus-type blow to the knee as well. He had discomfort with ambulating. On examination, he had a mild limp. The right knee exam revealed that the most was the route the upper leg and down into the ankle. He was tender to palpation over the proximal fibula. He was tender to palpation over the MCL primarily on the tibial insertion but also more proximally. He had pain with valgus stressing. Grade 2 laxity of the MCL. Lachman test was negative. Posterior drawer sign was negative, and anterior drawer sign was negative. There was no quadriceps or hamstring weakness. He was placed in a lace up ankle brace. He was placed in a hinged knee brace with straps and patella. X-rays performed in the office of the right tib/fib revealing very notable Nondisplaced fracture of the proximal fibula. No acute fracture of the tibia. DISCUSSION: He has an examination consistent with an MCL tear of the right knee that appears to be a partial rupture. He also has a fracture of the proximal fibula. Stress x-rays today do not reveal any evidence of syndesmosis injury. He does have a grade 2 ankle sprain. We can treat that conservatively. I placed him in a knee brace and ankle brace. Continue with crutches as needed but okay to wean off of them. Continue with ibuprofen. I have ordered an MRI of the right knee to evaluate for ligamentous laxity.

10/29/12: MRI of the Right Knee report interpreted. IMPRESSION: Full-thickness tear of the anterior cruciate ligament. Bone contusion in the anterior weight-bearing aspect of the lateral femoral condyle and posterior aspect of the medial and lateral tibial plateaus. Complex tear of the medial meniscus body and posterior horn. Complex tear of the lateral meniscus anterior horn and body and additional full-thickness radial tear of the lateral meniscus posterior horn, with a small centrally flipped meniscal fragment from the posterior horn. Grade 1-2 sprain of the medial collateral ligament and fibular collateral ligament. Moderate volume joint effusion. Medial patellar plica. Grade 1 contusion of the popliteus muscle.

11/02/12: The claimant was evaluated. His medications list included ibuprofen, hydrocodone/acetaminophen, naproxen, and amlodipine. It was noted that he had recently had an MRI. He was having episodes of giving way on the knee. He had pain primarily along the medial aspect of the knee. He also complained of persistent ankle pain. On physical exam, he had a mild limp. Knees: Right:

Grade 2+ ACL. Grade 1 LCL. Grade 2 laxity of the MCL. Tenderness to palpation along the medial and lateral joint line. Left: No swelling or tenderness on palpation. Active range of motion: Right: Lateral rotation normal, medial rotation normal, extension normal 0 degrees, flexion normal 125 and no crepitus. Left: No crepitus or pain with motion and lateral rotation normal, medial rotation normal, extension normal 0 degrees, and flexion normal 135. Stability left: Lachman test negative, posterior drawer sign negative, anterior drawer sign negative, and no valgus or varus laxity at 0 deg or 30 deg. Strength Right: No quadriceps weakness or hamstring weakness. Extension 5/5 and flexion 5/5. Strength Left: No quadriceps weakness or hamstring weakness. Extension 5/5 and flexion 5/5. X-rays of the right ankle were completed in the office. There were no acute fractures or dislocations. The joint spaces were well maintained. No lucencies were noted. No excessive degenerative changes were appreciated. The overall alignment was well maintained. There was no evidence of medial space widening on the stress views. DISCUSSION: Recent MRI of the right knee was reviewed in clinic today. He has a full-thickness ACL rupture. He has partial MCL and LCL sprains. He has complex medial and lateral meniscus tears. Grade 2 chondromalacia in the knee but no chondral defects or advanced osteoarthritis. PLAN: I discussed his MRI with him today. He has a full-thickness ACL with medial and lateral meniscus tears. He does have an MCL grade 2 sprain and LCL grade 1 sprain. Given the unstable nature of the ligament injury and the combined partial tears of his collateral ligaments, I think he would do better with an ACL reconstruction and debridement of his meniscus. Risks and benefits were discussed with him with regards to surgery. He wants to proceed with surgery. We will get him scheduled for a right knee arthroscopy with ACL reconstruction using allograft and medial and lateral meniscus debridement.

11/15/12: UR performed. This patient is not noted with trying and failing conservative care measures. Therefore, the medical necessity of this request has not been established at this time.

12/05/12: UR performed. This claimant has not tried and failed conservative care measures. Therefore, the medical necessity of this surgery request has not been established at this time. The surgery is premature.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The previous adverse decisions are overturned. Conservative care is not likely to be beneficial for this gentleman. The longer that repair is put off, the more instability will occur. Therefore, I find the request for RT Knee ACL Reconstruction, Med/Lat Meniscus Debridement medically necessary and would recommend approval of such.

ODG:

Anterior cruciate ligament (ACL) reconstruction	**ODG Indications for Surgery™ -- Anterior cruciate ligament (ACL) reconstruction:** **1. Conservative Care:** (This step not required for acute injury with hemarthrosis.) Physical therapy. OR Brace. PLUS **2. Subjective Clinical Findings:** Pain alone is not an indication for surgery.

	Instability of the knee, described as "buckling or give way". OR Significant effusion at the time of injury. OR Description of injury indicates rotary twisting or hyperextension incident. PLUS **3. Objective Clinical Findings (*in order of preference)*:** Positive Lachman's sign. OR Positive pivot shift. OR *(optional)* Positive KT 1000 (>3-5 mm = +1, >5-7 mm = + 2, >7 mm = +3). PLUS **4. Imaging Clinical Findings:** (Not required if acute effusion, hemarthrosis, and instability; or documented history of effusion, hemarthrosis, and instability.) Required for ACL disruption on: Magnetic resonance imaging (MRI). OR Arthroscopy OR Arthrogram. (Washington, 2003) (Woo, 2000) (Shelbourne, 2000) (Millett, 2004) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

Meniscectomy	**ODG Indications for Surgery™ -- Meniscectomy:** **Criteria** for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive): **1. Conservative Care:** (Not required for locked/blocked knee.) Physical therapy. OR Medication. OR Activity modification. PLUS **2. Subjective Clinical Findings (at least two):** Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS **3. Objective Clinical Findings (at least two):** Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS **4. Imaging Clinical Findings:** (Not required for locked/blocked knee.) Meniscal tear on MRI. (Washington, 2003) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

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)**