

# Icon Medical Solutions, Inc.

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## Notice of Independent Review Decision

**DATE:** February 11, 2013

**IRO CASE #:**

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

Anterior Cruciate Ligament Tear Repair, Left Knee

**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 40 years of experience.

**REVIEW OUTCOME:**

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

Upheld (Agree)

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

05/03/12: X-Ray Left Knee report interpreted by MD  
05/03/12: New Patient Visit and Records from Medical Group  
05/04/12, 05/11/12, 05/18/12, 06/15/12: Visit Summary by with Medical Group  
05/17/12: MRI Left Knee report interpreted by MD with Imaging  
05/22/12: Fax Referral for Otho referral by with  
05/29/12: Consultation by, MD with Orthopedic Group  
06/18/12: Notice of Missed Appointment from Medical Group  
06/11/12: Followup Visit by MD  
06/11/12: Physical Therapy Order by MD  
06/19/12: Office Visit by MD with Group, PA  
06/20/12: Peer Review by MD with Systems  
06/29/12: Appointment Confirmation with Dr.  
06/29/12: Case Summary Report by RN  
07/02/12, 07/03/12, 07/05/12, 07/09/12, 07/11/12, 07/13/12: Visit Note  
09/04/12, 10/09/12, 12/05/12, 01/15/13: Followup Visit by MD  
09/06/12: History and Physical by MD with Associates, LLP

09/14/13: Report of Medical Evaluation by MD  
10/25/12: MRI of the Left Knee report interpreted by MD with Imaging  
11/01/12: Letter from and Law Firm  
12/13/12: Amended Amend II by with and Law Firm  
12/26/12: UR performed by MD  
12/27/12: Request for Reconsideration by  
01/10/13: UR performed by DO

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who injured her left knee at work when she was walking up a step and twisted her left knee on xx/xx/xx.

05/03/12: X-Ray Left Knee report interpreted by MD. CONCLUSION: Negative exam.

05/03/12: The claimant was evaluated at Medical Group after twisting her left knee on steps. She was given ibuprofen and a cold pack.

05/17/12: MRI Left Knee report interpreted by MD. IMPRESSION: There is subcortical fracture and osteochondral defect along the articular lateral femoral condyle. There is nondisplaced fracture through the posterior lateral tibial plateau. There is partial tear of the anterior cruciate ligament. There is hemarthrosis. There appears to be tear of the lateral collateral ligament which may extend into the posterior lateral ligamentous complex. Correlate for posterior lateral instability.

05/29/12: The claimant was evaluated by MD for left knee injury. On exam, she had restricted range of motion of the left knee with -5 to -10 degrees of extension to 80 degrees of flexion. There was minimal joint line tenderness medially and some lateral joint line tenderness. There was negative Lachman's and a negative anterior drawer. It was noted that Dr. could not get her to relax however. McMurray's and reverse McMurray's tests both caused pain. There was no calf tenderness. There was a negative Homan's sign and a good distal pulse in the left lower extremity. MRI review revealed a partial tear of the ACL, lateral collateral ligament, and contusion, possible microfracture of the tibial plateau and femoral condyle laterally. DISPOSITION: She walks with a crouched gait. She needs to work on getting her motion back. She will go to physical therapy in where she lives to get her motion back and return for reevaluation in two weeks. She will work on getting full extension and full flexion back, and we will assess how loose her ACL is at that time.

06/11/12: The claimant was reevaluated by, MD. On examination, range of motion of her left knee had worsened. DISPOSITION: She is really not doing well. She needs to work harder at getting physical therapy up. I have written another prescription and she is awaiting Workers' Compensation approval for this. She needs to get her motion back quickly.

06/19/12: The claimant was evaluated by, MD. She complained of persistent knee pain, moderate, worse with ambulation. She reported instability of left knee. On physical exam, she had a moderately antalgic gait. Moderate knee effusion. Moderate tenderness with ROM. Varus and valgus positive.

ASSESSMENT/PLAN: Closed fracture of upper end of tibia. Sprain of cruciate ligament of knee. Prescribe Vicodin, Zanaflex, and Tramadol. Off work until further notice. Start physical therapy with Dr. 3 times per week. Goal is to improve range of motion, endurance, and pain control. Refer to Dr. for opinion.

06/20/12: Peer Review by MD. The recommendations at this point in time are for conservative care with the use of pain medicines followed by subsequent use of anti-inflammatory medications with possible bracing. Her knee did not appear to be grossly unstable; therefore, there was no apparent indication for any type of reconstructive surgery at this time. Likewise, she did not have evidence of significant meniscal pathology. In this situation, she will require a course of supervised therapy over a 3-4 week period of time. She will also require some period of time to recover from this before returning back to full unrestricted activity.

07/02/12, 07/03/12, 07/05/12, 07/09/12, 07/11/12, and 07/13/12: The claimant was evaluated by DC for MD for complaints of left knee pain and limited range of motion. She underwent electrical stimulation and a hot/cold pack to her left knee region. She was treated with ultrasound to her left knee region. She underwent therapeutic/manual therapy to her left knee region. On 07/13/12, she stated that she had stiffness in the left knee. PLAN: She was explained the treatment and received the same with no complications. The patient has no further questions at this time. Modalities were provided and the patient reported relief. Elastic tape was applied to knee support. Hold off on adhesion release and knee strengthening until next week.

09/04/12: The claimant was reevaluated by MD. It was noted that she had finished physical therapy. She was still using a cane. On physical exam, she had an antalgic gait and no significant change in her left knee. A/P: Prescribe Zanaflex, Vicodin, and Tramadol. Continue current work restriction. Keep appointment with Dr.; I await his recommendations.

09/06/12: The claimant was evaluated by MD. She noted having some improvement with therapy. However, she had no further therapy sessions. She stated that the pain was worse if she was standing or walking for a period of time. On physical exam, she was 5'3" and 155 pounds. There was no left knee effusion. There was some tenderness over the anterior aspect. She lacked 10 degrees of extension. She could flex to 90 degrees. She had no increased medial or lateral instability. Negative Lachman. Negative posterior drawer. Sensation was intact. Pulses were 2+ in the foot. She had significant retropatellar crepitus. MRI reviewed showed osteochondral defect along the lateral femoral condyle, nondisplaced fracture through the posterolateral tibial plateau, hemarthrosis and also tear of the lateral collateral ligament.

IMPRESSION: Left knee sprain. Partial tear of ACL. Lateral collateral ligament tear. Tibial plateau fracture. TREATMENT PLAN: Due to the patient's continued pain in the knee, I recommended that she get a repeat MRI to evaluate the healing of the osteochondral defect and tibial plateau fractures.

10/09/12: The claimant was reevaluated by, MD. She reported persistent moderate left knee pain. She reported using a cane for ambulation. She also reported occasional buckling of the left knee. On physical exam, she had a moderately antalgic gait. Mild-moderate left knee effusion. Mild crepitus in the left knee. Left knee flexion to 90 degrees. A/P: She went to see Dr. who has requested a repeat MRI of the left knee. She saw Dr. on 09/14/12 who assessed that she was at MMI and all w/u has been terminated. At this point, I am not convinced that patient is at MMI. Patient sustained her injury on 05/03/12. She saw Dr. and failed conservative therapy. She saw me for second opinion. Based on the MRI on 05/17/12, she does have specific anatomic abnormalities, including tibial plateau fracture, partial tear of the ACL, and tear of the LCL. Dr., orthopedics, has requested a second MRI to assess interval improvement. The patient is quite still symptomatic. I am ordering a 2<sup>nd</sup> MRI of the left knee. The patient has an attorney. If this gets denied, I have urged her to pursue the appeals process. F/U with Dr. ASAP after MRI done. Continue current work restrictions as is.

10/25/12: MRI Left Knee report interpreted by, MD. IMPRESSION: Severe patellofemoral chondromalacia especially medially. Mild changes involving the lateral femoral condyle. Probable myxoid degenerative change or strain of the anterior cruciate ligament. Moderate joint effusion.

10/04/12: The claimant was reevaluated by, MD. Her physical exam was unchanged from 10/09/12. A/P: Patient says she had the MRI done; we do not have the results. Our office called One-Step Diagnostics and they say that auth is still pending. We will call again and clarify. I told patient that if she really had it done, we get the D and f/u with Dr. ASAP.

12/13/12: Letter by Attorney. "The ACL Tear Repair for the left knee is reasonable due to persistent pain despite prior physical therapy and is consistent with the Official Disability Guideline (ODG). Physical exams support an antalgic gait with moderate left knee effusion and pain with range of motion. The goal of this reasonable and medically necessary surgery, which is consistent with the ODG, is to provide pain relief, increase performance in the activities of daily living, reduce claimant's symptoms, and reduce medication use. The medical records establish the clinical indication and necessity of this procedure. It is not reasonable for you to continue to deny surgery when the provider has documented and followed all the necessary steps in getting the surgery. Please do not further endanger my client's situation, we simply want to get the treatment that the claimant is obviously entitled to in order to avoid any more damage or harm to the claimant's physical structure."

12/26/12: UR performed by, MD. RATIONALE: Patient had a work injury in xx/xx. There are medical records from the requesting physician to determine current deficits or clinical rationale for the proposed surgery. There was an assessment by Dr. in Oct. 2012 that found negative Lachman with no instability of the knee. The patient is xx years old. There was an MRI within two weeks of the injury that found partial ACL tear, femoral condyle fractures. There was treatment with PT, medication, activity modification. There is no instability on most recent exam by Dr.. Therefore, the request for ACL repair is not medically necessary per evidenced based guidelines.

01/10/13: UR performed by, DO. RATIONALE: The prior peer review recommended noncertification of the anterior cruciate ligament repair citing lack of documentation of subjective complaints of instability. Medical records provided for my review did not document the patient having complaints of instability but only that of ongoing knee pain, and ODG requires subjective complaints of 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. The medical records did not document information in support of the ACL repair. Therefore, it is not medically necessary.

01/16/13: the claimant was reevaluated by MD. She reported that her pain was the same. It was noted that received a left knee cortisone injection in December 2012 by Dr. . On physical exam, she had an antalgic gait. Mild left knee effusion. Moderate guarding. Mild-moderate tenderness with full ROM of the left knee. A/P: Prescribe Zanaflex, Vicodin, and Tramadol. Get MRI report from Fort Bend Imaging. Get all consult notes from Dr. office. Patient reports that Dr. gave her a cortisone injection, which did not work. Patient reports that Dr. said that she does not need surgery. Patient is still symptomatic, unchanged from initial injury. Patient wants second opinion. Refer to Dr. . Refer chronic pain and recovery, something that is close to. Continue current work restrictions as is. RTC 1 month.

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

The previous adverse decisions are upheld. There is no indication of instability. Persistent pain is not an indication of an ACL tear. Surgery would not provide pain relief, increase performance, reduce symptoms, or reduce the use of medications. The last MRI report did not describe a torn anterior cruciate ligament. Therefore, the request for Anterior Cruciate Ligament Tear Repair, Left Knee is not medically necessary and is not certified. I would agree with Drs. and.

ODG:

Anterior cruciate ligament (ACL) reconstruction	<p><b><u>ODG Indications for Surgery</u></b> -- Anterior cruciate ligament (ACL) reconstruction:</p> <p><b>1. Conservative Care:</b> (This step not required for acute injury with hemarthrosis.) Physical therapy. OR Brace. PLUS</p> <p><b>2. Subjective Clinical Findings:</b> Pain alone is not an indication for surgery. Instability of the knee, described as "buckling or give way". OR Significant effusion</p>
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	<p>at the time of injury. OR Description of injury indicates rotary twisting or hyperextension incident. PLUS</p> <p><b>3. Objective Clinical Findings (in order of preference):</b> Positive <a href="#">Lachman's sign</a>. OR Positive <a href="#">pivot shift</a>. OR (optional) Positive <a href="#">KT 1000</a> (&gt;3-5 mm = +1, &gt;5-7 mm = +2, &gt;7 mm = +3). PLUS</p> <p><b>4. Imaging Clinical Findings:</b> (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. (<a href="#">Washington, 2003</a>) (<a href="#">Woo, 2000</a>) (<a href="#">Shelbourne, 2000</a>) (<a href="#">Millett, 2004</a>) For average hospital LOS if criteria are met, see <a href="#">Hospital length of stay</a> (LOS).</p>
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**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)