

P-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/27/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopic ACL repair with high tibial osteotomy

A 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)

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient was initially assessed with ACL disruption. The patient attended physical therapy in 2010 and received corticosteroid injections in 01/14. It appeared the patient was recommended for surgery as far back as 02/13. The patient had prior left knee arthroscopy in 08/10 which included partial lateral meniscectomy with chondroplasty and medial femoral condyle. The patient described persistent pain in the left knee despite surgery and multiple steroid injections and physical therapy. MRI of the left knee was recommended and performed on 05/09/14 noting chronic interstitial tearing of the ACL with cyst formation. There was a focal area of subchondral cyst formation with mild edema in the weight bearing surface of the medial femoral condyle secondary to grade 4 chondrosis. There was a small focus of full thickness highland cartilage loss overlying the tibial plateau without underlying marrow signal abnormality. Radiographs of the left knee from 07/07/14 noted evidence of mild osteoarthritic changes most prominent in the medial compartment and to some extent in the patellofemoral compartment. The patient was seen on 07/10/14 with persistent complaints of left knee pain that was helped to some extent anti-inflammatories. The patient described episodes of instability occurring approximately two times a week. On physical examination there was tenderness in the left knee over the medial femoral condyle and without tenderness at the medial joint line or patellofemoral joint. Range of motion was full 130 degrees flexion. There was +1 Lachman and pivot shift signs with stable testing to anterior drawer with stable stability on posterior drawer testing. No instability with varus or valgus stress testing was noted. McMurray signs were negative. Recommendations were for stem cell aspiration and injection and bio cartilage transplant high tibial osteotomy and ACL reconstruction. The report from 07/30/14

noted no change to physical examination. The recommendations remained unchanged. The proposed procedures including arthroscopic ACL repair with high tibial osteotomy was denied on 09/10/14 and 10/01/14 as there was limited documentation of conservative management such as physical therapy and bracing.

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

The patient was followed for a history of chronic left knee pain following the work injury in xxxx. The patient failed prior surgical intervention and extensive amount of conservative treatment including physical therapy multiple injections and anti-inflammatories. MRI of the left knee noted chronic tearing of the ACL and grade 4 chondrosis in the lateral tibial plateau and medial femoral condyle. Physical examination findings did not identify evidence of a substantial valgus or varus deformity for which correction osteotomy would be indicated. The patient has more than one compartment of osteoarthritis and per guidelines high tibial osteotomies are indicated primarily for unicompartmental osteoarthritis in the medial compartment. Given the multilevel multicompartmental osteoarthritis and severe chondrosis high tibial osteotomy would not be indicated as medically appropriate. MRI of the left knee did not identify full thickness disruption of the ACL that would require reconstruction. There is chronic interstitial tearing on MRI with cystic formation. Given the chronicity of the finding it is unclear how reconstruction at this time would result in any substantial functional improvement when paired with a high tibial osteotomy. Therefore it is the opinion of this reviewer that the proposed procedures would not be considered medically necessary and the prior denials are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES