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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/13/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee ACL reconstruction utilizing Achilles allograft.

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 male who sustained an injury on xx/xx/xx due to a fall at work. The patient is noted to be status post diagnostic arthroscopy of the left knee with a partial medial and lateral meniscectomy completed on 04/03/14. In review of the operative report, the anterior cruciate ligament was found to be normal. The patient did attend postoperative physical therapy for the left knee following this surgery. The clinical report on 05/28/14 indicated that the patient had reported knee instability twice since his last visit. At this evaluation, the patient was still utilizing Ultram and Norco for pain. The patient's physical examination noted a normal evaluation. The patient was recommended to continue with physical therapy. Follow up on 07/03/14 still reported intermittent instability and locking in the left knee during walking and standing. No change in the medications was noted. The patient's physical examination identified tenderness over the anterior aspect of the left knee with notable atrophy. There was a positive pivot shift sign indicative of anterolateral instability from an ACL disruption. Both anterior drawer and Lachman's signs were positive. MRI studies of the left knee completed on 07/22/14 noted a small amount of knee joint effusion with the anterior cruciate ligament reported initially as intact. There was an addendum completed dated 07/30/14 which indicated that a majority if not the entirety of the ACL ligament appeared in normal configuration with slight thinning and mildly wavy configuration inferiorly near the femoral insertion. While likely normal, this raised the possibility of some scarring or chronic tearing. There was no evidence of a marrow edema pattern or other secondary signs of a recent injury to cause a tear of the anterior cruciate ligament. The most recent evaluation on 09/10/14 again noted positive pivot shift, anterior drawer, and Lachman's signs. No further physical therapy had been allowed through insurance. The patient was started on Mobic at

this evaluation. The letter from 09/16/14 indicated that preferred allografting over autografting due to less surgical morbidity and a quicker initial recovery.

The requested ACL reconstruction utilizing an Achilles allograft was denied by utilization review on 08/08/14 as there no evidence on MRI regarding a significant ACL disruption.

The request was again denied by utilization review on 09/08/14 as there was no indication for the use of an allograft over standard autograft.

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

The patient initially presented with complaints of left knee pain and meniscal symptoms which were repaired by surgical intervention in April of 2014. At the time the procedure was completed, the ACL tendon was intact. Postoperative MRI studies of the left knee did contain an addendum which noted mild thinning and a wavy configuration of the ACL at the femoral insertion. There did not appear to be any substantial tearing of the anterior cruciate ligament based on this addendum. The patient's physical examination findings did note positive pivot shift, Lachman's, and anterior drawer signs. Per guidelines, ACL reconstruction procedures can be considered medically appropriate when there is evidence of disruption on MRI or by arthroscopy as well as arthrogram. As the MRI addendum from July of 2014 did not clearly identify an ACL disruption but instead identified some attenuation and possibly some partial thickness tearing, it is this reviewer's opinion that medical necessity for the case is not established 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