

I-Resolutions Inc.

An Independent Review Organization

3616 Far West Blvd Ste 117-501

Austin, TX 78731

Phone: (512) 782-4415

Fax: (512) 233-5110

Email: manager@i-resolutions.com

DATE NOTICE SENT TO ALL PARTIES: Nov/20/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right knee scope with ACL reconstruction using allograft tendon(s)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is this reviewer's opinion that medical necessity for the right knee scope with ACL reconstruction using allograft tendon(s) has been established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who was injured on XX/XX/XX when she fell at work. Patient was initially followed for pain swelling and instability in the right knee. The clinical record noted patient was non-weight bearing involving the right lower extremity. The patient had instability with any weight applied to the right knee. The patient reported moderate constant pain. Medications included anti-inflammatories and tramadol. The initial physical examination noted moderate swelling and effusion of the right knee with restricted range of motion. There was concern regarding a possible ligament tear due to the amount of instability in the right knee. MRI studies of the right knee from 09/25/15 noted a rupture of ACL with patchy marrow edema in the posterior margins of the medial and tibial plateaus consistent with a trabecular injury. The 09/30/15 report noted 2+ anterior drawer and Lachman signs. The patient's knee was stable to varus and valgus and full extension and with 30 degrees of flexion. Recommendation was for surgical intervention. The requested ACL repair with allograft tendons was denied by utilization review on 10/09/15 as the patient failed to provide provocative testing regarding ACL insufficiency and no documentation regarding conservative management. The request was again denied on 10/28/15 as the patient's BMI was 40 and there had been no attempt at physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: In review of the clinical records the patient has a substantial disruption of the ACL on MRI. This is contributing to clear instability in the right knee on anterior drawer and Lachman's testing. Per guidelines for ACL reconstruction in younger patients physical rehabilitation is indicated prior to considering surgical intervention. To date there has been no documentation regarding physical therapy; however, the patient had been placed in a knee brace since the date of injury. Given the significant buckling or giving and giving away of the right knee as well as the objective findings for an ACL disruption, it is this reviewer's opinion that in this particular case any physical therapy would likely have no positive outcome.

The patient is a reasonable surgical candidate. Therefore, it is this reviewer's opinion that medical necessity for the right knee scope with ACL reconstruction using allograft tendon(s) has been established and the prior denials are overturned.

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)