

# US Decisions Inc.

An Independent Review Organization  
8760 A Research Blvd #512  
Austin, TX 78758  
Phone: (512) 782-4560  
Fax: (207) 470-1085  
Email: manager@us-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jan/02/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** right knee diagnostic arthroscopy with possible synovectomy, possible chondroplasty, anterior cruciate ligament (ACL) reconstruction (graftlink allograft and arthrex tight rope fixation)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., 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 the opinion of this reviewer that the request for a right knee diagnostic arthroscopy with possible synovectomy, possible chondroplasty, anterior cruciate ligament (ACL) reconstruction (graftlink allograft and arthrex tight rope fixation) is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** This patient is a male who was seen on 09/29/14. He presented with pain to the right knee after twisting it at that time. Upon examination, there was diffused tenderness to the anterior knee and the patient had limited range of motion in all planes and range of motion was painful in all planes. He had a negative anterior drawer test at that time and there was no laxity on valgus or varus stress testing. The patient had normal muscle strength and tone and had no focal neurological deficits. X-rays showed joint effusion without evidence of fracture and/or dislocation. On 10/14/14, an MRI of the right knee was obtained revealing a full thickness tear of the ACL. There were non-displaced fractures involving the posterior medial tibial plateau and medial margin of the femoral condyle without associated cortical defect or depression. Contusions involving the lateral femoral condyle were noted as well as the lateral tibial plateau and fibula. A joint effusion was noted as well. On 10/20/14, the patient was seen in clinic and compared to the contralateral extremity, he had gross instability with at least 8mm of travel with a sloppy end point. He had a negative lateral McMurray's but he did have a positive medial McMurray's. He was mildly antalgic. The MRI report was reviewed at that time. It was noted that he had a renal transplant and had chronic use of immunosuppressants and steroids. Surgery was recommended at that time.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 12/03/14, a utilization review determination stated that the request failed to meet the evidence based guidelines. The MRI study did not provide any indication that the patient had any type of chondral defects as recommended by the reference guidelines. On 12/05/14, a utilization review determination noted the patient had pain rated at 0/10 and PT notes noted a positive valgus and Lachman's test but it was reported the patient's goals were 100% achieved. It was stated it was unclear

how the provider felt an arthroscopy would be beneficial to the patient with no subjective or objective clinical findings. There were no signs of chondral defects to support the requested chondroplasty. Therefore, the request was non-certified. The submitted records provided for this review include the MRI which reveals a full thickness tear of the ACL and non-displaced fractures involving the posterior tibial plateau and medial margin of the femoral condyle without associated cortical defect or depression. The request is for a right knee diagnostic arthroscopy and indications for this type of surgery would include imaging that is inconclusive. The findings on MRI reveal a full thickness ACL tear. There is no evidence of a chondral lesion amenable to a chondroplasty. The MRI is not inconclusive as to the pathology to the right knee. Therefore, it is the opinion of this reviewer that the request for a right knee diagnostic arthroscopy with possible synovectomy, possible chondroplasty, anterior cruciate ligament (ACL) reconstruction (graftlink allograft and arthrex tight rope fixation) is not 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:**

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)