

Medical Assessments, Inc.

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June 18, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Posterior Cruciate Ligament Reconstruction 29882, 29889, Left Knee Arthroscopy, Medial or Lateral Meniscus Repair

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

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is male who was injured on xx/xx/xx, when involved in a motor vehicle accident. The claimant was diagnosed with a left knee strain.

09/17/2014: Progress Notes. **HPI:** The claimant injured the left arm. He was involved in a severe work-related motor vehicle accident. The patient was ejected from the vehicle. He sustained multiple minor skin injuries from plant material where he was ejected. The claimant was transported by helicopter. **PE: Left Arm:** Significant tenderness in the left upper arm. Decreased motion and strength. No obvious instability. He can extend the fingers and the thumb on the left hand. Circulation and sensation are intact to the left hand. No skin breakdown. **Left Knee:** Mild tenderness around the patella, Motion from 5-120. Minimal patellofemoral crepitus. No skin laceration. Circulation and sensation are grossly intact to the left foot. **X-Ray: Left Humerus:** Fracture of the midshaft,

left humerus with displacement and butterfly fragment. **X-Ray Left knee:** No obvious fracture. Normal-appearing joint surfaces.

02/10/2015: Progress Notes. **Medications:** Hydrocodone. **Left Shoulder:** Tenderness throughout, swelling, no visible deformity. Limited and painful ROM in all planes. Exam limited strength due to injury. No gross instability, exam limited due to injury. A/C joint compression test negative. **Elbow:** Tenderness, swelling deformities, instability, subluxations, weakness, or atrophy. ROM in all planes was full and painless. **Left Knee:** Tenderness to palpation to the LCL and tibial tubercle, mild swelling, no deformities. ROM: active flexion and extension full. No crepitance. Stability: Moderate posterior drawer positive, moderate positive lag sign, 2 LCL laxity noted with exam. Strength: flexion and extension 5/5. Test and Signs: McMurray's sign negative, Patella Apprehension test negative. **Plan:** Order X-ray of 4v knee and 2v humerus. MRI left knee.

02/12/2015: Progress Notes. **PE:** Left shoulder still has some tenderness over the upper arm. Incision well healed. Normal radial nerve function in the left hand. X-rays, 2 views humerus-the humeral shaft fracture appears to be healing well with no loss of hardware fixation.

02/19/2015: MRI of left knee W/O Contrast. **Impression:** 1. Posterior cruciate ligament is diffusely abnormal in signal compatible with a high-grade tear, possibly full-thickness within its middle third. 2. Anterior cruciate ligament is intact although slightly kinked just before its insertion. 3. Focal truncation of the free edge lateral meniscal body. Suspected vertical tear outer third of the anterior lateral meniscus, near the anterior horn body junction, communicates with the superior articular surface. 4. Joint effusion.

02/19/2015: Left Humerus Radiographs. **Impression:** 1. Malleable plate and screw fixation of a mid humerus fracture. 2. Moderate callus with incomplete bridging along the superomedial aspect of the fracture and a faint residual horizontally oriented fracture line along the distal aspect of the fracture.

02/19/2015: Left knee radiographs. **Impression:** No acute osseous abnormality. Small suprapatellar fusion.

02/24/2015: Imaging report of chest. **Impression:** No above chest disease.

03/28/2015: Designated Doctor Evaluation. Claimant reported a Cortisone injection to the left knee on 3/27/2015. **Rationale:** The examinee is to have surgery to the left knee to correct a posterior cruciate ligament tear. He will require appropriate ODG recommended recovery and rehab time.

04/01/2015: Initial Orthopedic Surgery Consultation. **PE:** The claimant complained of left knee pain and instability. PE of the left knee noted mild effusion and swelling. The claimant had a positive posterior drawer test and negative anterior drawer, Lachman's McMurray's test, and stable varus and valgus stress test. The claimant's neurological examination was indicated to be

within normal limits. 'ROM: Left knee: Flexion- 150 degrees, Extension- 0 degrees. The claimant does have tenderness to palpation over the medial joint line. No tenderness to palpation over the lateral joint line, this is of the left knee. **Impression:** Left knee PCL injury.

04/29/2015: UR. Rationale for denial: The patient is a male who reported injury on xx/xx/xx. The mechanism of injury was due to a motor vehicle accident. His current medication were noted to include hydrocodone and Tylenol. His pertinent surgical history included a left shoulder procedure on 9/26/2014. The claimant was also noted to have completed conservative care and had subjective complaints of joint pain and swelling. However, the claimant did not have a positive McMurray's effusion, limited ROM, locking, clicking, popping or crepitus upon PE.

Based on the lack of adequate objective clinical findings as indicated by the guidelines, the request for meniscotomy would not be indicated in this situation. In addition, the guidelines do not recommend a posterior cruciate ligament repair, as it is currently under study. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for left knee arthroscopy, medial or lateral meniscus repair posterior cruciate ligament reconstruction 29882 29889 is non-certified.

05/18/2015: UR. Rationale for denial: The claimant is a xx-year-old male who was injured on xx, when involved in a motor vehicle accident. The claimant was diagnosed with a left knee strain. The claimant has undergone PT. Based on the lack of adequate objective clinical findings, as indicated by the guidelines and as the guidelines did not support posterior cruciate ligament reconstruction. The request for left knee arthroscopy with medial or lateral meniscus repair and posterior cruciate ligament reconstruction is not certified.

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

The previous determinations are upheld. According to ODG, Posterior Cruciate Ligament repairs are under study and would only be indicated for severe posterior instabilities that include other ligament laxity. Most Posterior Cruciate Ligament injuries heal with conservative care. The claimant has a positive posterior drawer sign and lateral collateral laxity, but the records don't indicate the instability is severe. Regarding the Meniscus Repair, there is not enough documented clinical findings to meet ODG criteria. Therefore, the request for Posterior Cruciate Ligament Reconstruction 29882, 29889, Left Knee Arthroscopy, Medial or Lateral Meniscus Repair is not medically necessary at this time.

ODG Guidelines:

ODG Indications for Surgery™ -- Meniscectomy:

Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT.

- 1. Conservative Care:** (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS
 - 2. Subjective Clinical Findings (at least two):** Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS
 - 3. Objective Clinical Findings (at least two):** Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS
 - 4. Imaging Clinical Findings:** (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). ([Washington, 2003](#))
- For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

Posterior cruciate ligament (PCL) repair	Under study. Injuries of the posterior cruciate ligament (PCL) of the knee frequently occur in automobile accidents and sports injuries, although they are less frequent overall than injuries of the anterior cruciate ligament (ACL). Some patients show significant symptoms and subsequent articular deterioration, while others are essentially asymptomatic, maintaining habitual function. Management of PCL injuries remains controversial and prognosis can vary widely. Interventions extend from non-operative (conservative) procedures to reconstruction of the PCL, in the hope that the surgical procedure may have a positive effect in the reduction/prevention of future osteoarthritic changes in the knee. No randomized or quasi-randomized controlled studies were identified. (Peccin-Cochrane, 2005)
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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)