



**MEDICAL EVALUATORS
OF T E X A S ASO,LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: April 15, 2015
AMENDED DATE: MAY 04, 2015*

Amendment made to the recipient list only, no changes were made to the outcome of the prior decision on 04/15/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy with ACL reconstruction

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the state of Texas.

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)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained injury to his knees on xx/xx/xx when he fell off a ladder for a distance of about 3 feet. Claimant reported that he developed swelling, locking, and popping within 24 hours of the injury. He has not returned back to work since his injury.

The claimant was initially evaluated on 02/11/2014 which revealed right knee medial joint line tenderness, mild effusion, ROM of 0-90° with weight bearing, positive medial McMurray's, weakness in the knee muscles secondary to pain, and there was no varus or valgus instability present, and Lachman's was negative. Examination of the left knee revealed no tenderness, no effusion, no crepitation, full ROM, no weakness, no instability and negative orthopedic tests (Lachman, and anterior drawer). The claimant was diagnosed with right medial and lateral meniscus tears and pain in joint involving the lower leg. The claimant was recommended brace locked at 0° and to remain off work.



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On 02/14/2014, the claimant was re-evaluated by [redacted] for bilateral knee pain. Examination of the right knee revealed guarding with Lachman's; other findings did not change from last exam. Examination of the left knee revealed medial joint line tenderness, mild effusion, ROM of 0-90° with weight bearing, positive medial McMurray's, weakness in the knee muscles secondary to pain, and there was no varus or valgus instability present. The claimant was diagnosed with medial meniscus tear, internal derangement of the knee, and pain in joint involving the lower leg. [redacted] ordered MRI of the bilateral knees without contrast, and hinged knee sleeve; and recommended the claimant remain off work due to persistent pain and lack of functional abilities.

MRI of the left knee performed on 02/25/2014 revealed ACL sprain, and prepatellar subcutaneous contusion. MRI of the right knee dated 02/25/2014 revealed complex tear of the medial meniscus, and Baker's cyst.

A follow up evaluation dated 03/13/2014 revealed that the right knee examination did not change from the last visit and examination of the left knee revealed diffuse tenderness, moderate to large fusion, ROM was 20°-90°, he had weak muscles, and there was guarding with anterior drawer and with Lachman test, and positive pivot shift. The claimant was recommended right knee surgery first then left knee surgery a month later.

The claimant underwent right knee arthroscopic partial medial meniscectomy on 04/02/2014 by [redacted] and was recommended to start physical therapy. The claimant had 26 sessions of physical therapy for right knee from 04/15/2014 to 01/08/2015.

Regarding the left knee, the claimant was seen many times by [redacted] from 05/08/2014 to 02/20/2015.

A followup note dated 11/24/2014 indicates the symptoms have not changed. The exam of the right knee showed diffuse tenderness, no swelling present, mild effusion, no crepitance, full range of motion, no valgus or varus instability, guarding with Lachman, questionable McMurray, weakness secondary to pain, guarding with anterior drawer, and positive pivot shift. The exam of the left knee showed diffuse tenderness, no swelling present, mild effusion, no crepitance, full range of motion, no valgus or varus instability, guarding with Lachman, questionable McMurray, weakness secondary to pain, guarding with anterior drawer, and positive pivot shift. He was recommended left knee arthroscopy/ACL reconstruction.

The most recent progress note dated 02/20/2015 indicated that since the claimant's last visit on 01/30/2015, the symptoms have worsened on the left knee. The exam of the right knee showed no tenderness, no effusion, and no crepitance. Range of motion was full. There was no varus or valgus instability, negative Lachman's and anterior drawer tests, and no weakness present. The left knee exam showed diffuse tenderness, moderate to



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large effusion, range of motion 20-90 degree of motion, guarding with anterior drawer, guarding with Lachman's, and positive pivot shift.

has mentioned in his note dated 01/08/2015 that a K-T 1000 was ordered and completed on 01/08/2015 and demonstrated a laxity to the left knee of 4 mm compared to right knee. He recommended left knee ACL reconstruction so that the claimant can restore his functional abilities.

Adverse Determination Letters from dated 12/29/2014 and 02/13/2015 denied covering the requested service of left knee arthroscopy with ACL repair as the claimant's left knee is stable and ACL evaluations are questionable. It was noted that the left knee MRI revealed only sprain of the ligament while physical examination by revealed only guarding with Lachman's or with anterior drawer test. They also requested a clarification of why the same exact information for examination of both knees was reported.

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

After a thorough review of the records submitted, I agree with the prior denial. The record failed to document surgery is indicated for this claimant. The medical reports submitted for review are all from an orthopedist; with an initial exam on 02/11/2014 documenting the left knee was perfectly normal with no tenderness, no effusion, no varus/valgus instability, negative Lachman, and negative anterior drawer. On 06/17/2014 and 11/24/2014, documented the left and right knees to have the exact same physical findings. The examinations documented by are inconsistent. From 06/17/2014 to 11/21/2014, the left knee range of motion was documented as 20-90 degrees. On 11/24/2014, the left knee range of motion was documented as full. Further, it was noted that there is no swelling present and then noted there is mild effusion. There was guarding on anterior drawer and Lachman tests. From 12/19/2014 to 02/20/2015, the left knee range of motion was documented as 20-90 degrees.

With regards to the imaging performed, the MRI report dated 02/25/2014 documented there was a light signal in the ACL consistent with a sprain. There is no tear of the ACL documented. As per the ODG, the imaging clinical findings required an ACL disruption seen on either MRI, arthroscopy or arthrogram. Thus, the request for left knee arthroscopy with ACL reconstruction does not meet the standards and ODG criteria and is therefore considered not medically necessary or appropriate for this claimant.



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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER
CLINICAL BASIS USED TO MAKE THE DECISION:**
ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

**ODG – Knee & Leg (Acute and Chronic) – Online version Knee, Accessed online
04/14/2015**

Anterior cruciate ligament (ACL) reconstruction

ODG Indications for Surgery □ -- **Anterior cruciate ligament (ACL) reconstruction:**

1. Conservative Care: (This step not required for acute injury with hemarthrosis.) Physical therapy. OR Brace. PLUS
2. Subjective Clinical Findings: Pain alone is not an indication for surgery. Instability of the knee, described as "buckling or give way". OR Significant effusion at the time of injury. OR Description of injury indicates rotary twisting or hyperextension incident. PLUS
3. Objective Clinical Findings (in order of preference): Positive Lachman's sign. OR Positive pivot shift. OR (optional) Positive KT 1000 (>3-5 mm = +1, >5-7 mm = +2, >7 mm = +3). PLUS
4. Imaging Clinical Findings: (Not required if acute effusion, hemarthrosis, and instability; or documented history of effusion, hemarthrosis, and instability.) Required for ACL disruption on: Magnetic resonance imaging (MRI). OR Arthroscopy OR Arthrogram. (Washington, 2003) (Woo, 2000) (Shelbourne, 2000) (Millett, 2004)
For average hospital LOS if criteria are met, see Hospital length of stay (LOS).