



**MEDICAL EVALUATORS
OF TEXAS** ASO, LLC.

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

DATE OF REVIEW: May 26, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of coverage for left knee arthroscopy with posterior collateral ligament (PCL) release

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 Orthopedics and is currently licensed & practicing in the State of Texas.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on XX/XX/XX when she twisted twisted her left knee while trying to lift a X, resulting in the acute onset of pain. MRI of the left knee dated XX/XX/XX revealed postoperative changes with truncation of the medial meniscus, recurrent grade 3 tear suspected, grade 1-2 anterior cruciate ligament strain versus mucoid degeneration and moderate medial femoropatellar arthritic changes with moderate effusion. EMG/NCS of the bilateral lower extremities dated XX/XX/XX revealed normal electrodiagnostic examination of the bilateral extremities with no observed L2-S2 radiculopathy, lumbar or lumbosacral plexopathy, lower extremity mononeuropathy, lower extremity polyneuropathy, or lower extremity myopathy.

The claimant underwent left total knee arthroplasty on XX/XX/XX. The claimant has been treated with active physical therapy including stretching exercises, weight training (quadriceps strengthening), and cardiovascular non-impact conditioning. The claimant has also been treated with Meloxicam, Tizanidine, Tramadol and Zolpidem.

A most recent office note dated XX/XX/XX indicates that the claimant complained of left knee pain of 6/10 in intensity. Physical examination of the left knee joint showed normal posterior tibialis and dorsal pedis pulses, brisk capillary refill, and DTRs normal and active. There was absent sensation in lateral calf, lateral dorsum of the foot and D5. Range of motion of the left knee was 90° flexion with pain and extension 0°. There was lateral condyle and medial condyle tenderness. Left Quadriceps and left Hamstring strength was 4+. There was vertical scar on left knee. The claimant was diagnosed with post-operative left total knee arthroplasty and presence of left artificial knee joint located



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on the left knee joint. XX has recommended left knee arthroscopy with posterior collateral ligament release.

Prior UR denied the request for left knee arthroscopy with posterior collateral ligament release because the ODG regarding posterior cruciate ligament (PCL) repair states "Under study. Injuries to 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 surgical procedure may have a positive effect in the reduction/prevention of the future osteoarthritic changes in the knee. No randomized or quasi-randomized controlled studies were identified." There is lack of evidence to suggest left knee arthroscopy with PCL release is medically necessary. The guidelines available fail to support the requested procedure. Furthermore, progress notes do not effectively demonstrate that the patient's residual complaints would resolve with PCL release. Therefore, on appeal, the previous determination is upheld and the request is recommended non-certified.

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

This XX-year-old claimant is status post left total knee replacement but continues to have persistent left knee pain and stiffness with flexion 90°. The claimant's treating provider, has recommended left knee arthroscopy with posterior cruciate ligament (PCL) release.

According to the ODG, management of PCL injuries remains controversial because no randomized or quasi-randomized controlled studies were identified. ODG does not discuss the requested procedure of left knee arthroscopy with PCL release.

There are studies available demonstrating efficacy of the requested procedure. One of the study concluded that "Ten posterior cruciate ligament sparing total knee arthroplasties were studied in 9 patients who underwent arthroscopic posterior cruciate ligament release to improve intractable postoperative knee stiffness and pain [1]." The other study concluded that "partial release of the posterior cruciate ligament may improve knee function in patients with a tight posterior cruciate ligament after total knee arthroplasty [2]." The most recent article from 2014 published in Biomedical Engineering documents the reduced compression and increased range of motion after PCL release [3].

Thus, based on the referenced guidelines and the clinical documentation stated above, the available current evidence-based literatures support the requested procedure of left knee arthroscopy with PCL release and is medically necessary and appropriate in this claimant.



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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER
CLINICAL BASIS USED TO MAKE THE DECISION:**

1. Arthroscopic release of the posterior cruciate ligament for stiff total knee arthroplasty. Williams RJ 3rd1, Westrich GH, Siegel J, Windsor RE. Clin Orthop Relat Res. 1996 Oct;(331):185-91.
2. Effect of partial release of the posterior cruciate ligament in total knee arthroplasty. Arima J1, Whiteside LA, Martin JW, Miura H, White SE, McCarthy DS. Clin Orthop Relat Res. 1998 Aug;(353):194-202.
3. Posterior cruciate ligament balancing in total knee arthroplasty: a numerical study with a dynamic force controlled knee model. Steinbrück A1, Woiczinski M, Weber P, Müller PE, Jansson V, Schröder C. Biomed Eng Online. 2014 Jul 2;13:91. doi: 10.1186/1475-925X-13-91.
4. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Knee & Leg (Acute & Chronic) – Online Version
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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NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.