MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
2211 West 34th St. ● Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: 04/16/2018
IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Denial of coverage for Right Knee Arthroscopy with revision, Anterior Cruciate Ligament 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 has been licensed in the State of Texas since 2014.

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

☒ Overturned (Disagree)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The claimant is a XX with a history of right knee injury in XXXX XX and had ACL reconstruction with patellar tendon autograft as well as subsequently underwent right knee arthroscopy for a clean-out. The claimant was doing well since then but on XXXX while XX was taking XX with the right lower extremity, his right knee buckled inwards and XX fell. On XX, the claimant underwent right knee arthroscopy with partial medial and lateral meniscectomy, right ACL revision reconstruction with bone-patellar-tendon-bone allograft, right knee arthroscopic femoral trochlear chondroplasty with micro-fracture, and right knee arthroscopic removal of adhesions performed by XX. Because of persistent symptoms after the surgery and MRI of the right knee was performed on XXXX that showed “status post anterior cruciate ligament reconstruction, with intact graft noted. Status post free edge debridement of the medial and lateral menisci. Medial and lateral menisci appear intact. Grade 4 chondromalacia involving the mid trochlear groove apex. Small joint effusion”. The claimant continued to suffer significant symptoms and was not responding to treatment with Lyrica and Gabapentin. XX continued to have giving way episodes and some symptoms of locking. A repeat MRI of the right knee was performed on XXXX that revealed “status post anterior cruciate ligament reconstruction, with evidence of graft rupture/failure. No intact graft fibers were detected. Trace joint effusion. Otherwise unremarkable MRI of right knee.” Office note dated XXXX documented the claimant continued to have giving way episodes, symptoms of some locking, and lot of swelling. On physical examination, the claimant walked without any assistive devices but ambulated with a small limp. XX right knee had no swelling at all and had a full motion. There was diffuse tenderness about the knee but no abnormal warmth. The incisions were healed and benign. There was no malalignment or demonstrable abnormal laxity on exam but it could be perhaps from guarding. The claimant showed a video on XX cell phone with XX knee being hyperflexed, at which time XX said it was locked and showed it

to pop a little bit, after which XX reported it became unlocked. The pain medication XX tried was not helping. XX was laid off from XX job. The provider recommended Right Knee Arthroscopy with revision, Anterior Cruciate Ligament Reconstruction for treatment of the claimant's condition.

Prior UR dated XXXX denied the request for Right Knee Arthroscopy with revision, Anterior Cruciate Ligament Reconstruction because "according to the Official Disability Guidelines (ODG), knee and leg chapter, and anterior cruciate ligament reconstruction is only medically necessary if there are objective findings of laxity on a physical examination which correlate with patient's symptoms and MRI findings. The requesting provider's progress note dated XXXX which recommends knee surgery does not include a physical examination. A previous physical examination on XXXX does not include any physical examination findings of laxity to support an anterior cruciate ligament reconstruction. Therefore, this request for a right knee arthroscopy with revision anterior cruciate ligament reconstruction is not medically necessary."

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

The request is for coverage of Right Knee Arthroscopy with revision, Anterior Cruciate Ligament Reconstruction. Based on review of records submitted, the claimant is a XX with a history of right knee arthroscopy with partial medial and lateral meniscectomy and right ACL revision reconstruction with bone-patellar-tendon-bone allograft on XXXX without a known re-injury after the surgery. While an initial postoperative MRI dated XXXX showed intact graft status post anterior cruciate ligament reconstruction, however, a repeat MRI on XXXX demonstrated evidence of graft rupture. The treating provider, XX, medical records documented persistent mechanical symptoms with continued giving way episodes and symptoms of locking likely associated with instability. XX was not able to evaluate for laxity on physical exam likely because the claimant was guarding too much. This claimant is XX and active with persistent activity limiting mechanical symptoms, and the requested surgery is an appropriate treatment option to repair the graft rupture, and it is the opinion of this reviewer that the claimant meets the ODG indication of right knee arthroscopy with revision ACL reconstruction.

Therefore, based on the evidence-based medical literatures as well as the clinical documentation stated above, it is the opinion of this reviewer that the request for coverage of Right Knee Arthroscopy with revision, Anterior Cruciate Ligament Reconstruction is medically necessary and appropriate in this claimant.

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

Official Disability Guidelines - Online Version
Knee and Leg (Acute and Chronic) - (updated 02/13/18)
Anterior cruciate ligament reconstruction (ACLR)
ODG Indications for Surgery™ -- Anterior cruciate ligament reconstruction (ACLR):

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, 2003b) (Woo, 2000) (Shelbourne, 2000) (Millett, 2004)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).
Risk versus benefit: The most favorable risk/benefit profile for ACLR is for young males without comorbidities, using autograft, especially those who want to get back to playing sports. Females do slightly worse in the short term, but are more likely to rupture their ACL. Older patients (beyond 40 years) may choose to delay surgery or avoid it completely with rehabilitation because complete recovery and therapy/exercise following surgery can be lengthy (6-9 months); ACL surgery is not needed to perform most day-to-day activities. Operative outcomes are generally superior to conservative treatment for younger patients. (Hinterwimmer, 2003) (Linko-Cochrane, 2005) Outcomes during the first 2 years following reconstruction are worse for females than for males, but longer-term studies demonstrate no difference. (Sutton, 2013) Most ACLRs performed are for younger patients, but active older individuals should not be ruled out as surgical candidates based solely on age. It is critical to look at comorbidities, e.g., malalignment and osteoarthritis, because they portend future problems. (Wulf, 2008) In patients with ACL injury who are willing to limit activity level to avoid re-injury, initial treatment without ACLR should be considered, as they may never need surgery. By 2-5 years after injury, muscle strength and function were similar in patients treated with physical therapy and surgery compared to physical therapy alone. ACL injury predisposes knees to osteoarthritis, but ACLR surgery may play a role in reducing the risk of developing degenerative changes at 10 years. Returning to sports activities after ligament reconstruction may exacerbate arthritic development. (Ajuied, 2013) Early surgical reconstruction may not be required for ACL tears, according to an RCT in the New England Journal of Medicine. Some patients who are not elite athletes can function adequately with an ACL-deficient knee, but it is difficult to predict which patients will develop worsening instability requiring surgery. (Frobell, 2010) Outcomes are worse in older patients (beyond 50-60 years), but marked instability may still justify the procedure. (Legnani, 2011) Age alone should not exclude ACL-deficient patients from undergoing reconstructive surgery. (Gee, 2013) Patients aged 40 years and older with an ACL injury can achieve satisfactory outcomes following reconstruction. (Brown, 2013) Optimal surgical results can often be achieved even in older patients. (Desai, 2013) While graft selection should be based on surgeon preference combined with a shared decision making process that discusses benefits vs. risks for the patient, both parties should be

aware that there is some quality evidence of significantly higher allograft failure rates for active patients under age 30, compared to autograft. (MARS, 2014) ACLR is not predictably successful in restoring patients to their pre-injury state, with only 60-70% of reconstructed patients resuming their previous level of activity; many patients later experience some degree of osteoarthritis. (Shalvoy, 2014)
NNH/NNT: On average, the NNH (number needed to harm) is about 16, and the NNT (number needed to treat) is about 1.5. (Luc, 2014)

[ms]

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.