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### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

XX XX MRIs dated XX  
Reports from Dr. XX dated XX  
Operative report dated XX  
XX XX MRI XX dated XX  
Preauthorization request dated XX and XX  
Notifications of adverse determination dated XX and XX

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

A XX XX MRI was obtained on XX and noted the patient was status XX XX XX with full thickness rupture through the XX . A XX XX was noted, as well as a moderate XX and XX in the XX, which had worsened from a previous study. Dr. XX saw the patient on XX and XX was 2 week status XX and XX was doing well. XX was a XX per day XX and XX range of motion was XX degrees. XX was referred to therapy. As of XX, XX was having pain at times on the XX of the XX with some weakness and giving way noted. Range of motion was now XX degrees and XX drawer testing and XX. Therapy was continued. Another MRI was then done on XX and revealed complete disruption of the XX and associated XX sign. XX cartilage XX and XX were noted. As of XX, XX still felt XX XX XX was unstable. XX still XX daily and range of motion was XX degrees. XX were 2+. Dr. XX recommended surgery and then performed XX XX XX XX using XX, removal of XX XX hardware, and XX on XX As of XX, XX was still having a lot of pain, which was not helped by therapy or medications. Range of motion was XX degrees and strength was 4+/5. XX testing were negative. Another MRI was recommended and then done on XX. There was a moderate degree of XX of the XX and XX of the XX and high grade XX was suspected. There was a XX and a XX. As of XX, Dr. XX referred the patient To pain management. Dr. XX then reevaluated the patient on XX. XX had increased instability in the XX XX and XX could XX fast or XX since it gave way easily. Here, it was noted XX was a never XX . XX was XX pounds on exam and range of motion was XX degrees with pain. XX had medial joint line tenderness and strength was XX. XX were 2+. An MRI XX was recommended and then performed on XX. XX was status post XX of the XX and an unchanged vertically oriented signal along the XX and junction of the body of the XX. There was minimal irregularity of the XX and there was Grade 2-3 XX. Dr. XX reviewed the XX on XX and recommended surgery to correct the XX nature of the XX XX due to a XX XX and XX A XX would be continued.

On XX and XX, XX provided adverse determinations for the requested XX XX arthroscopy with XX with posterior lateral XX and a XX XX postoperative XX .

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

The patient is a XX -year-old XX who was reported to have sustained a work-related injury on XX. An MRI report dated XX reported a complete XX XX rupture. As of XX, Dr. XX noted the patient was now one week postoperative from a XX procedure. This would make two surgeries at this point in time to the affected XX. The patient did not appear to progress and notes on XX documented giving away and XX , followed by XX and XX on XX and the XX feeling unstable on XX . A repeat MRI scan on XX reported complete XX. Dr. XX then, on XX, did a revision XX and XX , which would be procedure three, based upon the information in the records. The patient's symptoms continued to include excessive pain and questionable instability. Another repeat MRI scan on XX again documented at least a significant, moderate, XX. Multiple notes from XX and XX note continued XX giving away, and XX . An MRI XX was performed on XX and noted a high grade anterior XX. In addition, Dr. XX, on XX, now opined that the patient had a component of XX . XX has now recommended the requested procedure, which, if the medical documentation is correct, would be a fourth procedure to the same XX. The request was denied on initial review by XX, M.D. on XX. XX non-certification was upheld on reconsideration/appeal by XX, M.D., orthopedic surgeon, on XX. Both reviewers attempted peer-to-peer and cited the evidence based ODG as the basis of their opinions.

The ODG indications for surgery for XX include: 1) Conservative care to include XX or XX ; plus, 2) subjective clinical findings, which include pain alone is not an indication for surgery, instability of the XX described as buckling or giving way, or significant effusion at the time of injury, or description of the injury indicates XX , XX , or XX incident; plus, 3) objective clinical findings to include positive XX , or optional positive XX XX greater than 3-5 mm equals +1, greater than 5-7 mm equals +2, and greater than 7 mm equals +3; plus, 4) imaging clinical findings to include magnetic resonance imaging, or XX, or an XX The ODG criteria, as documented above, are supported by Washington 2003, Woo 2000, Shelbourne 2000, and Millett 2004. It should be noted that the ODG does not address in particular multiple revision anterior XX. The patient's documentation does not support an adequate trial of conservative therapy. This patient has an unclear diagnosis at this point and XX has undergone two or three XX attempts, which have failed. The etiology for these failures has not been defined. In addition, XX has not failed a documented trial of conservative treatment, based upon the medical records submitted for review. XX body mass index is now reportedly greater than XX and its effect on the reconstruction attempts has not been documented. Each attempt was followed by continued pain out of proportion to the objective physical findings and instability complaints. The likelihood of success in this setting is not supported by any evidence based orthopedic literature. In addition, Dr. XX has now suggested the patient also has a component of XX, which is not supported by the imaging studies to date. Therefore, the requested XX XX XXX XX revision with XX and a postoperative XX XX

XX are not medically necessary, appropriate, or supported by the evidence based ODG. The previous adverse determinations should be upheld at this time.

**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)