California Orthopaedic Association

Utilization Review Checklist

ACL Tears

This checklist is intended to help orthopaedic surgeons document important factors for utilization reviewers (UR) when determining the medical necessity for this procedure(s). The checklists, developed by members of COA's Workers' Compensation Committee, will help our members anticipate what questions Utilization Reviewers will need to have documented in order for them to make more informed decisions. COA cannot guarantee that if you document the below issues, the procedure(s) will be approved, but it should help clarify the conservative treatment that the injured worker may have received, the results of the diagnostic imaging tests, and why you believe surgery is indicated.

Please remember that medical treatment requests should be based on the DWC's Medical Treatment Utilization Schedule (MTUS) http://www.dir.ca.gov/dwc/mtus/mtus_regulationsguidelines.html whenever possible as the MTUS guidelines are presumed correct. If the procedure is not covered by MTUS, you are able to utilize other nationally-recognized treatment guidelines such as ACOEM or ODG. You can utilize other high quality guidelines to document medical necessity.

Attach the below checklist along with a copy of the research justifying the procedure to your Request for Authorization (RFA). Having a summary of care to date to add to the checklist facilitates approval.

Workers' Compensation Utilization Review Checklist
ACL Tears

Patient name: _____ Claim #: _____

ACL Tears	**Present if checked**
DWC - MTUS Treatment Guidelines	
Conservative management (not required for acute injury w/hemarthrosis	
Physical therapy	
Brace	
PLUS	
Positive Lachman or pivot shift	
PLUS	
History of instability or giving way	
AND	
Positive KT 1000 testing	
High Demand Occupation	
PLUS	
X-rays AND MRI (not required if acute effusion, hemarthrosis and instability, or documented history of effusion, hemarthrosis or instability	

Surgery for ACL Reconstruction

Recommended. Surgical reconstruction of ACL tears is recommended for treatment of select patients with ACL tears.

Strength of Evidence – **Recommended, Insufficient Evidence (I)**

> *Indications* – Patients should generally have attempted non-operative treatment that included progressive exercise implemented after the acute phase of swelling, if any, has subsided. Duration of a non-operative treatment plan to determine success or failure is unclear and likely requires individualization. A study evaluated grafting at 2 weeks versus 8 to 12 weeks and reported no significant differences after 52 weeks of follow up.(2113) Most patients who fail non-operative treatment appear to require surgery within 3 months of the ACL tear.(2009) Some patients, particularly those with high demand jobs or high performance athletes, may be candidates for early surgical reconstruction, as they are believed to more frequently fail non-operative rehabilitation.(1, 2113) There is moderate-quality evidence that delay in surgical reconstruction does not impair outcomes,(2009, 2113) thus there is no rush to operate that has been shown in quality studies.

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