

REFINE

Anterior Cruciate Ligament Repair : [ACL Repair] x

Anterior Cruciate Ligament Reconstruction x

Home

Duration

Treatment

TAO Index

Formulary

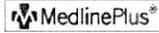
Costs

Job Profile

Print

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Anterior Cruciate Ligament Repair



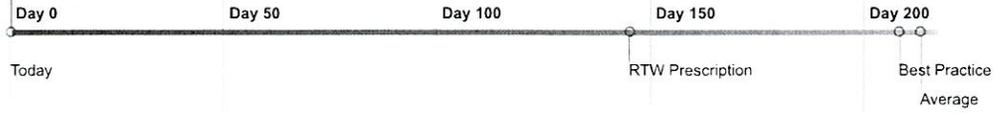
Durations

Best Practice Scenarios

CPT

Additional Clinical Content for Medical Topic(s)

Anterior Cruciate Ligament Repair



Add Claim ID and contact info (for printing/documentation)?

A

Average
213 Days

Benchmark against the actual outcomes data

B

Best Practice
208 Days

Manage toward the best practice duration



Show Video Links



Anterior Cruciate Ligament Repair

All Classes
Sedentary

Codes related to this topic

CPT Codes



Additional Clinical Content for Medical Topic(s)

Anterior
Cruciate
Ligament
Repair

Tab View

Anatomy and Background

Description of Procedure

Alternatives to Procedure

History and Physical Examination

Imaging, Laboratory, and Other Tests

Related Terms

Treatment and Recovery

Risk Factors

Comorbidities

Collaborating for Recovery

Anatomy and Background

- Anterior cruciate ligament (ACL) repair may be performed to restore knee stability, function, and prevent long-term degeneration (eg, arthritis) of the knee.(1 (citation.aspx?citationtype=GT&citationid=2531391)) (2 (citation.aspx?citationtype=GT&citationid=2533435))
 - The knee is a weight-bearing joint that enables both flexion and extension of the lower leg.
 - The 4 main ligaments that hold the bones of the knee in place are the ACL, lateral collateral ligament, medial collateral ligament, and posterior cruciate ligament.
 - The ACL is composed of 2 bundles that contribute to knee stability; injuries most often involve both bundles.
- The ACL is the most commonly injured ligament of the knee.(3 (citation.aspx?citationtype=GT&citationid=2713269))

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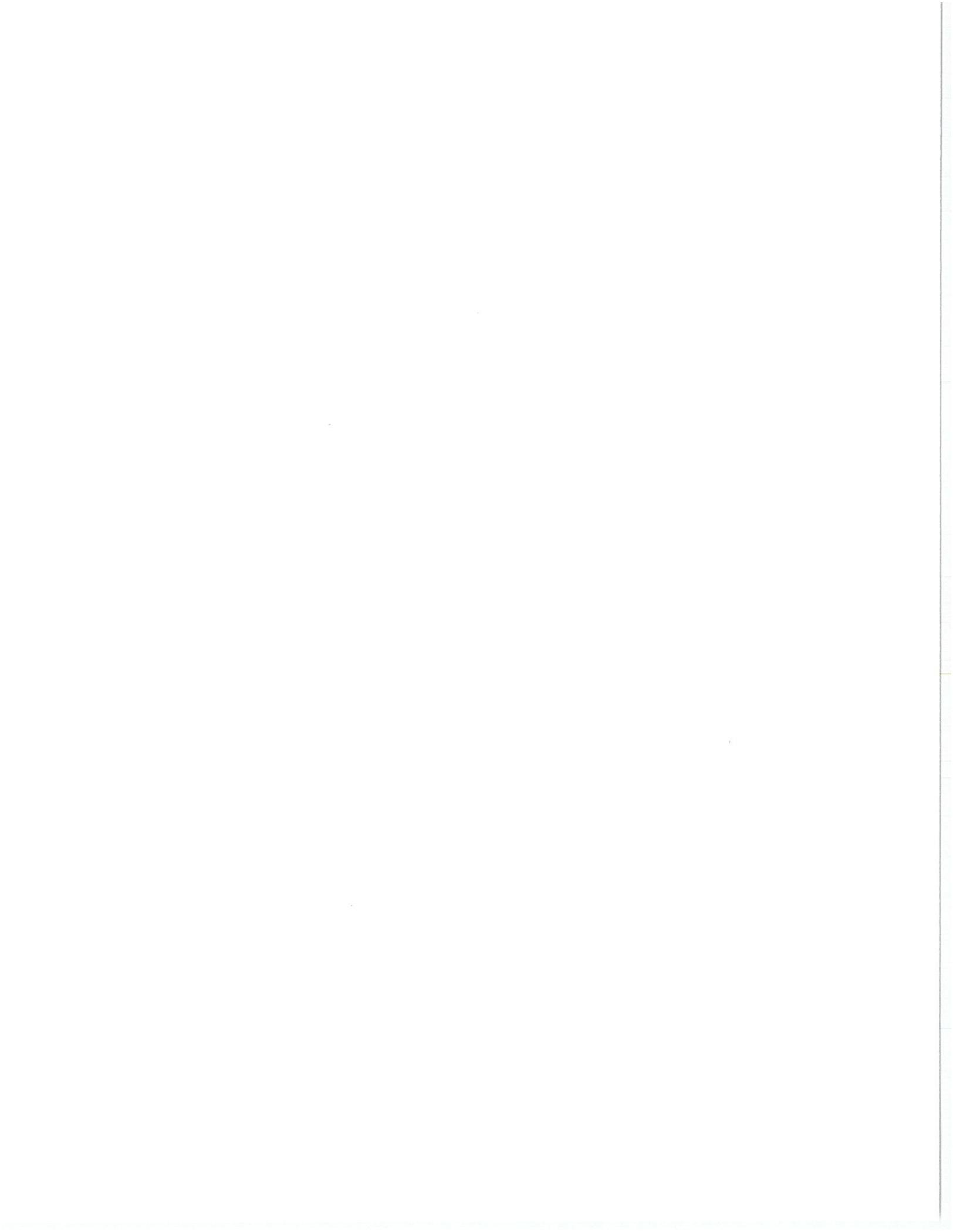
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return employees to health.

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A

Average
213 Days

Benchmark against the actual
outcomes data

B

Best Practice
208 Days

Manage toward the best
practice duration



Job Class: Very Heavy

Surgery or Hospital Stay

Opioids <15 Days

Anterior Cruciate Ligament Repair

Very Heavy

Scenario	Activity Level	Duration in Days-
No data available in table		

Codes related to this topic

CPT Codes ▼

Additional Clinical Content for Medical Topic(s) - Anterior Cruciate Ligament Repair

Anatomy and Background

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- The ACL is the most commonly injured ligament of the knee.(3 (citation.aspx?citationtype=GT&citationid=2713269))

- Alternatives that may be considered include conservative treatment, including:(5 (citation.aspx?citationid=2531392)):
 - Activity modification
 - Exercise (eg, muscle strengthening, range of motion, walking)
 - Medication (eg, analgesic, nonsteroidal anti-inflammatory drug)
 - Mobility aid (eg, functional knee brace)
 - Physical therapy
-

History and Physical Examination

- A complete preoperative evaluation is performed to determine whether there is anything in the individual's overall condition that would affect the planned surgery and typically includes the following(6 (citation.aspx?citationid=2507117)):
 - History and physical examination (preoperative medical evaluation/risk assessment), including:
 - Current health complaint, including nature and impact of symptoms (eg, difficulty or inability to bear weight on affected extremity or walk, hemarthrosis, knee locking or swelling, limited or loss of range of motion)(3 (citation.aspx?citationid=2713269))
 - Duration/frequency of health condition or injury
 - Exposure to any (potentially) hazardous substances
 - Individual's mental and physical health history, including allergies (eg, environmental, latex, medication), existing health concerns and comorbid illnesses, medication reconciliation, and treatments
 - Mechanism of injury or precipitating event(s) (eg, landing, twisting, valgus [side] blow to the knee) associated with onset of health condition or pain (eg, side or back of knee pain)(3 (citation.aspx?citationid=2713269))(7 (citation.aspx?citationid=2713305))
 - Social history, including current/prior use of alcohol, drugs, or nicotine (eg, chewing tobacco [dip], cigarettes, e-cigarettes [vaping products])
 - Work description and history
 - Informed consent
 - Mobility and position changes postoperatively
 - Pain characteristics, including anticipated levels of postoperative pain
 - Preoperative restrictions (eg, food and fluid restrictions prior to surgery)
-

Imaging, Laboratory, and Other Tests

- Diagnostic testing that may be performed to determine the need for anterior cruciate ligament repair includes:
 - Diagnostic imaging: MRI and x-ray(3 (citation.aspx?citationid=2713269))
 - Laboratory testing is not routinely indicated.
- Diagnostic testing that may be performed as part of a preoperative evaluation includes(6 (citation.aspx?citationid=2507117))(8 (citation.aspx?citationid=2540765)):
 - Diagnostic imaging: CXR
 - Laboratory testing: albumin, blood type and screen, CBC (eg, hemoglobin, RBCs, WBCs), and chemistries (eg, BUN, creatinine, electrolytes, glucose)
 - Special diagnostic testing: ECG, pulmonary function testing, stress testing, and urine pregnancy screening

- Risk factors that may complicate anterior cruciate ligament repair include(4 (citation.aspx?citationtype=GT&citationid=2533251))(6 (citation.aspx?citationtype=GT&citationid=2507117))(9 (citation.aspx?citationtype=GT&citationid=2708904))(10 (citation.aspx?citationtype=GT&citationid=2531844)):
 - Functional status (eg, amputee, deformity), mobility (eg, assistive device dependent), or physical condition (eg, exercise intolerance, muscular atrophy)
 - History of acute illness < 1 month prior to surgery (eg, MI, pneumonia, sepsis, thrombus)
 - Medication (eg, alkylating agent, anticoagulant, anticonvulsant, contraception or hormone replacement therapy, insulin, steroid)
 - Mental status (eg, cognitive deficit)
 - Multiple comorbidities (eg, cancer, diabetes, ischemic heart disease, renal disease)
 - Nutritional status (eg, BMI, health conscious)
 - Recent surgery (eg, artificial joint or valve, CABG, organ transplant, stent)
 - Reproductive factor (eg, postmenopausal, postpartum, pregnant)
 - Severity of health condition (eg, bursitis, tendinitis, tendinosis) or injury requiring surgery (eg, concomitant injury, effusion, hidden lesion)
 - Use of alcohol, drugs, or nicotine
-

Comorbidities

- Coexisting mental or physical diagnoses that may influence outcome and recovery include(6 (citation.aspx?citationtype=GT&citationid=2507117))(9 (citation.aspx?citationtype=GT&citationid=2708904))(11 (citation.aspx?citationtype=GT&citationid=2518855)):
 - Advanced age
 - Autoimmune disorder (eg, irritable bowel syndrome, multiple sclerosis, rheumatoid arthritis)
 - Cardiovascular disease (eg, CAD, heart failure, hypertension, stroke, valvular insufficiency)
 - Chronic pain syndrome (eg, neuropathic, nociceptive)
 - Diabetes
 - Hematologic condition (eg, anemia, hemophilia or thrombophilia, sickle cell anemia)
 - Hepatic disease (eg, cirrhosis, hepatitis)
 - Mental health condition (eg, anxiety, depression, posttraumatic stress disorder)
 - Neurologic disease (eg, epilepsy)
 - Obesity/overweight
 - Pulmonary disease (eg, COPD, obstructive sleep apnea)
 - Renal disease (eg, chronic kidney disease, renal insufficiency)
 - Substance abuse (eg, alcohol, drugs, nicotine)
-

Collaborating for Recovery

Questions to Ask the Clinician

Return to Work (RTW)

activities of daily living or work functions?

- What medications is the claimant taking that may be habit forming or could interfere with essential job duties, modified work, or normal activities?

Treatment

- The following questions can be used to facilitate a conversation with the claimant's clinician about the claimant's treatment plan(12 (citation.aspx?citationtype=GT&citationid=2702566))(13 (citation.aspx?citationtype=GT&citationid=2532411)):
 - What is the prognosis for this claimant's recovery over the next 2 weeks? The next 3 and 6 months?
 - What comorbid mental or physical health conditions are impacting recovery?(15 (citation.aspx?citationtype=GT&citationid=2803143))
 - Does the health condition affect the claimant's dominant extremity?
 - What other factors are preventing the claimant from engaging with the prescribed treatment plan or reaching their residual functional capacity?(16 (citation.aspx?citationtype=GT&citationid=2517737))
 - Do the claimant's subjective symptoms correlate with objective findings and your holistic clinical assessment? (Is the claimant misinterpreting bodily symptoms?)
 - What diagnostic tests were utilized to confirm the diagnosis or the cause of persistent or progressive symptoms?
 - Is the claimant expressing factors that may indicate a delay in care or prolonged recovery such as(15 (citation.aspx?citationtype=GT&citationid=2803143)):
 - Catastrophizing or thinking the worst about their health condition (eg, fear avoidance, fear of reinjury)(17 (citation.aspx?citationtype=GT&citationid=2803144))(18 (citation.aspx?citationtype=GT&citationid=2803146))
 - Complaining of poor sleep
 - Demonstrating a passive approach to treatment
 - Feeling depressed, irritable, or useless, or having an overprotective partner/spouse
 - Increasing their consumption of alcohol or similar substances of abuse (eg, opiates)
 - Showing disinterest in social activity or withdrawal from normal activity(19 (citation.aspx?citationtype=GT&citationid=2518113))
 - How have family and other social supports been involved in the treatment plan?
 - How long is treatment expected to last?
 - Does the claimant require an inpatient, intensive outpatient, or partial hospitalization treatment program?
 - What modifications to the treatment plan have been tried or are being considered?
 - What forms of conservative or psychosocial treatment remain?
 - Does the claimant believe that pain is harmful, causing avoidance of or poor adherence to prescribed exercises or treatment modalities?(15 (citation.aspx?citationtype=GT&citationid=2803143))
 - Does the claimant believe that pain is uncontrollable?(15 (citation.aspx?citationtype=GT&citationid=2803143))
 - When opioids have been prescribed:
 - How was it determined that the claimant was a suitable candidate for opioid analgesia (eg, benefits outweigh risks based on assessment using a validated screening tool)?
 - How are ongoing screening and monitoring performed to continually assess for abuse, diversion, efficacy, misuse, and safety?
 - Is the claimant adherent to the medication treatment plan?
 - Do random urine drug screen results correlate with prescribed medications?
 - Is there a certified agreement in the medical record between the claimant and the clinician addressing issues of clinician/pharmacy/physician shopping, diversion, illegal drug use, prescription management/reconciliation, use of other substances that may impact the opioids' effects or treatment, and use of substances with potential for abuse/addiction?

- o Do you have consistent and reliable access to affordable and nutritious food?
- o What is your housing like? Is it enough? Is it secure/stable?
- o What is your neighborhood like? Is it safe?
- o Do you have medical insurance and/or a primary care clinician?
- o Do you have difficulties accessing medical care (eg, primary treating clinician, specialists), medications, or physical treatments (eg, occupational/physical therapy)?
- o Do you have consistent and reliable access to transportation?
- o What social supports (eg, church, community, family, friends) do you have?
- o Are you out of work or unhappy about your work situation? Who has helped you explore other educational/work opportunities and the transferrable skills you have for other lines of work?
- o Do you have any safety concerns (eg, fear of partner or ex-partner; emotional, physical, or sexual abuse)?

Other Concerning Factors

- The following questions can be used to facilitate a conversation with the claimant about other factors that may affect the claimant's recovery(13 (citation.aspx?citationtype=GT&citationid=2532411))(21 (citation.aspx?citationtype=GT&citationid=2803145)):
 - o Do you have confidence in your clinician?
 - o Do you feel respected, supported, and understood by the clinician?
 - o Do you feel the clinician cares about you and wants to help you get better? What does "better" mean to you?
 - o How does your current level of function compare to your baseline level (ie, the level before the onset of your current health condition)?
 - What percentage of activities can you perform today as compared to your baseline level?
 - Do you expect to regain 100% of your baseline level of function?(15 (citation.aspx?citationtype=GT&citationid=2803143))
 - What would help you get back to 100% of your baseline level of function?(15 (citation.aspx?citationtype=GT&citationid=2803143))
 - Are you able to care for yourself (eg, bathing, dressing, feeding)?
 - Are you able to care for those you were responsible for prior to developing your health condition?
 - What differences are there between your functional ability at home vs work? (What activities are easier or harder at home or work?)
 - o How do you feel about your current treatment plan? Do you feel you are progressing toward return to work (RTW)?
 - o Is your pain controlled? If not, what can be done to control it?(15 (citation.aspx?citationtype=GT&citationid=2803143))
 - o What questions or concerns do you have about your treatment plan (eg, medications, tests, treatments)?
 - o What are your largest barriers to recovering?
 - o Who can you talk to about your barriers, concerns, or questions?
 - o What type of work do you do? (Is there a work description?)
 - What did you and your clinician discuss about you returning to work?
 - How do you feel about returning to work?
 - Are you concerned that the physical demands of your work might cause you reinjury or delay your ability to RTW?(15 (citation.aspx?citationtype=GT&citationid=2803143))
 - Are there stressful elements to your work that might be difficult when you first RTW?
 - When do you expect to RTW? Full duty?
 - Do you feel your work could be modified so you could RTW sooner?(15 (citation.aspx?citationtype=GT&citationid=2803143))
 - Do you feel supported at work?(15 (citation.aspx?citationtype=GT&citationid=2803143))

- clinical findings, or there is conflicting or inconclusive documentation to support the delay in recovery.
- Claimant requires assessment to determine if maximum medical improvement (MMI) has been reached and provide a deficit rating.
- Clinician has noted return to work (RTW) with permanent restrictions.
- Peer review can be considered for 1 or more of the following situations(24 (citation.aspx?citationtype=GT&citationid=2709494)):
 - Claimant has reached MMI with a deficit rating.(18 (citation.aspx?citationtype=GT&citationid=2803146))
 - Clinician has noted RTW with permanent restrictions.(23 (citation.aspx?citationtype=GT&citationid=2532382))
 - Clinician has not referred claimant to an appropriate specialist despite objective evidence of the health condition greatly impacting the claimant's functional abilities, delaying appropriate treatment or prolonging recovery.
 - Clinician has requested services that do not meet guidelines, medical necessity, or standards of care.
- Vocational rehabilitation can be considered for 1 or more of the following situations(12 (citation.aspx?citationtype=GT&citationid=2702566))(13 (citation.aspx?citationtype=GT&citationid=2532411))(24 (citation.aspx?citationtype=GT&citationid=2709494))(25 (citation.aspx?citationtype=GT&citationid=2532355)):
 - Claimant is not adherent to or is not participating in prescribed treatment plan.
 - Claimant requires assessment of transferrable skills and education to facilitate transition into a different line of work (ie, career switch).
 - Claimant requires adaptive equipment to support RTW.
 - Clinician has not identified barriers to work and has not provided an RTW plan.
 - Employer does not know how or is unable to accommodate claimant's RTW.
 - Employer requires help engaging with clinician to develop RTW accommodations.

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