



DATE OF REVIEW: 8/28/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Synvisc therapy (shot series of 3).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a board certified orthopedic surgeon with greater than 15 years of experience in this field.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of Synvisc therapy (shot series of 3).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Requestor –MD
URA –

These records consist of the following: MD, Reports: 4/25 and 7/18/2007;; Letter: 6/26/2007; Letters: 4/13 and 7/9/2007; MD, Report: 3/22/2007; MD, Op Note: 5/18/2005; Synvisc Injections: 12/21, 12/28/2005 and 1/4/2006; Reports: 11/16 and 12/15/2005; Letter: 7/9/2007.

PATIENT CLINICAL HISTORY [SUMMARY]:

This female injured her right knee. Injury occurred when she was standing in half of a container when someone pushed the container and patient twisted her right knee. The injury resulted in a right knee arthroscopy with partial medial meniscectomy, chondroplasty of the patella and trochlea. The patient has continued to have pain in her right knee following the surgery. She complains of swelling, pain, and cracking in her knee.

Physical examination reveals crepitus and pain with patellofemoral compression. Range of motion is 0-120, patient walks with a slight antalgic gait.

X-rays reveal mild narrowing of the medial joint line.

Treatment has consisted of multiple NSAIDs, physical therapy, and cortisone injection. The patient had a prior Synvisc series one year ago. She has developed gastrointestinal intolerance to the NSAIDs. Also, patient had difficulty using Arthrotec.

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

The reviewer states that this patient has evidence of degenerative changes in her right knee and has failed extensive course of physical therapy. She has an intolerance to NSAIDs.

ODG Guideline for osteoarthritis: Synvisc Injections are for the treatment of painful osteoarthritis of the knee and are considered medically necessary when the following are established:

Failure to respond to conservative nonpharmacologic therapy and simple analgesics.

Resulting adverse events or intolerance when treated with nonpharmacologic therapy and simple analgesics.

Contraindications to conservative nonpharmacologic therapy and simple analgesics.

The patient fits the above criteria for Synvisc Injections, a series of three.

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)
 - National Medical Policy 06-07-163
 - Medical Policy Bulletin 11.14.07b