

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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DATE OF REVIEW: DECEMBER 28, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Five Hyalgan injections for the right shoulder

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

MD, Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. utilization review nurse: Letters of denial for Hyalgan injections 11/13/07, 12/7/07
2. DO: Peer review, adverse determination for Hyalgan injections dated 11/12/08 and 12/7/07
3. MD: A reading of an MRI of the right shoulder that was performed on 2/28/07
4. MD: A radiological reading of the same MRI
5. DO: Evaluation 10/1/07
6. MD: Designated doctor evaluation and a TDI 69 form and TDI 73 form from an evaluation performed 11/1/07
7. Diagnostic Inc.: FCE performed 11/9/07
8. ODG not provided

PATIENT CLINICAL HISTORY (SUMMARY):

This xx-year-old right-handed xxxxxx injured his right shoulder while pulling a chain at work. He was initially treated with oral anti-inflammatory medications and physical therapy. He did not get better.

MRI of the shoulder was performed which reportedly showed acromioclavicular joint arthritis and supraspinatous tendonitis. Two independent radiologists reviewed the MRI and neither reported a full thickness rotator cuff tear nor glenohumeral joint arthritis.

A request for approval for a series of 5 Hyalgan injections into the shoulder has been made by the patient's current treating physician.

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

THE "PHYSICIAN'S DESK REFERENCE" (PDR) STATES THAT HYALGAN IS INDICATED FOR TREATMENT OF THE PAIN OF OSTEOARTHRITIS OF THE KNEE. THERE IS NO INDICATION FOR THE TREATMENT OF TENDONITIS. THIS PATIENT HAS ROTATOR CUFF TENDONITIS. THERE IS NO DOCUMENTATION OF GLENOHUMERAL JOINT ARTHRITIS EVEN IF THE INSURER WERE TO CONSIDER APPROVING AN "OFF LABEL" USE OF THE DRUG.

FURTHER, ODG GUIDELINES DO NOT SUPPORT THE USE OF HYALGAN INJECTION FOR ANY SHOULDER AILMENT.

IN CONCLUSION, THE PATIENT DOES NOT HAVE A CONDITION THAT WILL RESPOND TO THIS FORM OF TREATMENT AND THERE IS NO APPROVED INDICATION FOR THE USE OF THIS DRUG IN THE SHOULDER.

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
* PHYSICIAN'S DESK REFERENCE
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)