Medwork Independent Review
1217 Menomonie Street
Eau Claire, Wisconsin 54703
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)

12/24/2007

DATE OF REVIEW: **12/24/2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Synvisc injection for left knee (Q4084)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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. Texas Dept of Insurance Assignment to 12/042007
2. Notice to URA of assignment of IRO dated 12/04/2007
3. Confirmation of Receipt of a Request for a Review by an IRO 12/03/2007
4. Patient request for a Review By an IRO 11/30/2007
5. Company Request for IRO Sections 1-8 undated
6. IMO Adverse Determination Letter dated 11/27/2007
7. IMO Adverse Determination Letter dated 10/30/2007
8. Office Note 11/13/2007; 10/17/2007; 08/16/2007; 08/01/2007 (fax cover sheet); 07/19/2007; 05/29/2007; 05/07/2007 (Functional Capacity Eval); 04/03/2007 (Designated Doctor Report); 12/20/2006 (H & P); 08/28/2006 (OP report); 10/20/2005 (Ultra Sound); 10/17/2005 (MRI); 06/14/2005 (MRI); 05/21/2003 (MRI)

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9. ODG guidelines not provided by the URA

PATIENT CLINICAL HISTORY:

This is a xx-year-old female, who sustained a work-related injury on xx/xx/xx involving the left knee, left shoulder and neck subsequent to a fall. Of note, this injury is over five years old. Reportedly, a left knee MRI was performed on 05/21/2003, which revealed a posterior horn medial meniscus tear without displacement. A few years following this radiographic imaging study, the patient was apparently recommended for a surgical intervention on the left knee, which was performed on 08/28/2006 in the form of an arthroscopy. The patient eventually underwent postoperative surgical rehabilitation. A designated doctor evaluation was performed on 04/03/2007 by, M.D., of which in his clinical examination pertained to the left knee stated that the patient had some mildness to palpation, there was a slight decreased range of motion to flexion and normal to extension; occasional crepitus noted; knee joint grossly intact; balance of the left knee exam is essentially unremarkable. The requesting provider has performed a series of three Synvisc injections on this claimant's left knee completed by May 29, 2007. A follow up note on that same date stated that the patient has noticed some improvement in knee pain, continues to have some knee pain, which limits her activity.

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

After review of the information submitted, the recent denial for left knee Synvisc injections has been upheld. The clinical examination from the designated doctor and requesting physician do not correlate pertaining to the left knee. There appears to be lack of significant improvement in the patient's left knee following a series of three previous Synvisc injections. The requesting provider has not determined a medical necessity for the provided intervention. The second designated doctor evaluation (second opinion) performed in December 2006 by, M.D. (orthopedic surgeon) opined that claimant's left knee was due to arthritic patellar; possible chondromalacia, which is a disease of normal maturation of life.

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**

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- ☐ **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)**