



Specialty Independent Review Organization

DATE OF REVIEW: 10/1/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Supartz Synovial fluid replacement injections times five (5).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation with greater than 10 years of experience.

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 agrees with the previous adverse determination regarding the prospective medical necessity of Supartz Synovial fluid replacement injections times five (5).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Dr.

These records consist of the following: letter of denial 8/14/07 MD based on lack of evidence of DJD as documented by ODG; letter of denial 8/14/07 MD based on the fact that synovitis was being treated, not DJD.

Records from Carrier: Preauthorization request from Dr. 7/20/07; Print notes from LLC 7/20/07; letter of denial dated 7/25/07; Dr. request for reconsideration date 8/8/07; Letter of medical necessity and request for injections from Dr. dated

6/13/07; Print notes from LLC 8/8/07; letter dated 8/14/07 final reconsideration denial letter; Print notes from LLC 8/17/07.

From the Provider: Dr. progress notes 2/16/07 - 8/15/07; MRI report for right knee dated 1/8/07; MRI report for left knee dated 2/12/07; Dr. request for reconsideration dated 8/16/07; Letter of medical necessity and request for injections from Dr. dated 6/13/07; Surgery Clinic, Pa letters dated 1/19/07 & 1/2/07 from Dr.

ODG guidelines were not supplied by the carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured at work when contusing his knees. He has a history of previous knee surgeries. His anterior knee pain was managed by Dr. with corticosteroid injections.

Reviewers for the insurer attempted to speak to Dr. regarding his request for Supartz. His PA spoke with one reviewer. PA notified the peer reviewer that the injections were recommended for a diagnosis of synovitis and the treatment was therefore not authorized by the insurer.

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

The reviewer states that Dr. documentation indicates that he is managing anterior extra-articular knee pain bilaterally due to traumatic synovial plica. The documentation provided indicates that the injections are being recommended for a diagnosis of anterior knee pain bilaterally due to traumatic synovial plicae, i.e. 727.83, instead of osteoarthritis. The ODG does not support treatment of traumatic plicae with Supartz/hyaluronic acid injections.

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)