



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** October 10, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral Synvisc injections of the knees.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

The physician reviewing this file is duly licensed in the State of Texas. The reviewer is fellowship-trained in Pain Management, with Board Certification in Anesthesiology and Certificate of Added Qualifications in Pain Medicine. The reviewer has over 20 years' clinical experience in the practice of Chronic Pain Management.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Medical records of Dr. from August 20, 2004 through July 31, 2006.
2. Medical records of Dr. from July 18, 2007 through August 27, 2007.
3. TDI referral, September 27, 2007.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant was allegedly injured during the course of his occupation, but no specific injury or date of injury was provided. According to the initial evaluation from Dr. on August 20, 2004, the claimant merely began to have gradual pain in his knees beginning in April 2004. On physical exam, the claimant was noted to be 5 feet 4 inches tall, weighing 210 pounds. X-rays were taken demonstrating bilateral degenerative changes in the knees, most severe at the patellofemoral joint, with some narrowing also of the medial joint space. Dr. diagnosed the claimant with “degenerative joint disease of both knees” and stated that he “tried to explain to the claimant that this is likely not directly

related to work.” Dr. then began a series of 3 Synvisc injections to both knees. On October 22, 2004, the claimant stated that he had no relief of left knee pain following 3 Synvisc injections. On that date the third right knee Synvisc injection was performed. The claimant returned for followup on November 5, 2004, stating that his right knee benefited more than did his left. Dr. noted that Synvisc was a “temporary measure for arthritis” and recommended followup in 3 months. The claimant returned 3 months later, still complaining of significant pain and soreness in both of his knees. He noted the claimant continued to have “continued symptoms from arthritis” and recommended repeating Synvisc injections at 6-month intervals. On May 18, 2005, the claimant began another series of bilateral Synvisc injections of the knees, completing that series on June 1, 2005. The claimant returned to Dr. 6 months later, still complaining of the same swelling and pain in both knees. Dr. again diagnosed the claimant with “arthritis” and recommended a third series of Synvisc injections, beginning that series on December 14, 2005. On December 28, 2005, the third set of bilateral Synvisc injections of the knees was performed. The claimant returned to Dr. 6 months later complaining of the same bilateral knee pain “from arthritis.” On exam, he noted “no effusion” and no instability. He also noted “full range of motion” of both knees. A fourth set of bilateral knee Synvisc injections was begun on July 17, 2006, and completed on July 31, 2006. On that date, Dr. noted the claimant was still having bilateral knee pain. The claimant was not seen again for almost 1 year, at which time Dr. saw him. He noted physical exam demonstrating “no effusion” and “no real warmth or erythema.” Dr. recommended yet another set of 3 bilateral Synvisc knee injections. Two different physician advisors reviewed that request. Both recommended nonauthorization of the request. On August 27, 2007, Dr. reevaluated the claimant, reiterating the lack of effusion in the knees, as well as the lack of deterioration in range of motion of both knees.

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

These records indicate that there was no direct injury to the claimant’s knees, and that his ongoing pain complaints are due to degenerative arthritis. Degenerative arthritis is an ordinary disease of life, which, in this case, is probably exacerbated by the fact that the claimant weighs 210 pounds and is only 5 feet 4 inches tall. Dr., on virtually every visit, documented that the claimant’s condition was due to arthritis. In fact, he indicated on his first visit on August 20, 2004, that the patient’s condition was “likely not directly related to work.” The claimant has not obtained significant duration of relief or improved functioning with any of 4 sets of bilateral Synvisc knee injections. His most recent physical examinations as documented by Dr., demonstrate no evidence of joint inflammation. Therefore, based upon all of the reasons discussed above, the request for another set of 3 bilateral Synvisc knee injections is not medically reasonable or necessary. Moreover, in this reviewer’s opinion, the requested treatment is not for any condition related to the claimant’s work injury, an injury which, by the records reviewed, does not appear to have been due to any specific event related to his work status. It appears that the claimant’s ongoing clinical condition is one of degenerative arthritis of both knees, which is an ordinary disease of life condition and, therefore, in this reviewer’s opinion, not compensable. Therefore, the recommended nonauthorization is upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)