

RYCO MedReview

Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 09/19/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Intrarticular injection to the left knee with Synvisc under fluoroscopy (20610, 76003)

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

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.

Intrarticular injection to the left knee with Synvisc under fluoroscopy (20610, 76003) - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An impairment rating evaluation with D.C. dated 12/05/05
A left knee MRI arthrogram interpreted by M.D. dated 04/17/06
Evaluations with M.D. dated 05/03/07, 05/31/07, 06/14/07, 07/12/07, and 08/09/07
A letter of non-certification, according to the Occupational Disability Guidelines (ODG), dated 06/22/07
A letter of appeal from Dr. dated 07/17/07
A letter of non-certification, according to the ODG, from M.D. dated 07/24/07
A letter of appeal from Dr. dated 08/09/07
A request for a hearing dated 09/05/07
An undated provider and address list

PATIENT CLINICAL HISTORY [SUMMARY]:

An impairment rating evaluation with D.C. on 12/05/05 revealed the patient was at Maximum Medical Improvement (MMI) at that time with a 1% whole person impairment rating. A left knee arthrogram interpreted by M.D. on 04/17/06 revealed marked abnormalities of the lateral meniscus with associated changes of the lateral tibial plateau and preexisting joint effusion. An MRI of the left knee interpreted by Dr. on 04/17/06 revealed a probable extensive tear and degeneration of the meniscus, bony changes of the lateral tibial plateau, and moderate joint effusion. On 05/03/07, M.D. recommended a repeat MRI of the left knee, Celebrex, Ultram, and Lunesta. On 05/31/07, Dr. discontinued the Ultram and prescribed Actiq. On 06/14/07, Dr. recommended Hydrocodone and Synvisc injections. On 06/22/07, XX wrote a letter of non-certification for left knee Synvisc injections. On 07/12/07 and 08/09/07, Dr. again requested Synvisc injections. On 07/24/07, M.D. wrote a letter of non-certification for Synvisc injections. On 09/05/07, XX wrote a request for a hearing. There was an undated treatment list with license numbers and addresses.

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

According to the ODG, Synvisc injection is indicated for osteoarthritis of the knee. By its very nature, osteoarthritis is a degenerative condition, which is ordinarily associated with an ordinary disease of life. At the time of the patient's alleged injury, she was old. Her MRI scan at the time of injury clearly showed multiple degenerative changes of the left knee, changes which persisted despite left knee arthroscopic surgery on 08/19/05. The most recent left knee MRI scan and arthrogram clearly demonstrate ongoing degenerative changes of the left knee. Therefore, since the patient's current condition is of a degenerative nature associated with an ordinary disease of life, treatment for that condition would not be considered medically reasonable or necessary as related to the work injury. Moreover, according to the most recent left knee MRI scan and arthrogram, the pathology in the patient's left knee is not associated solely with osteoarthritis. There are other clinical conditions noted on the MRI scan, including lateral meniscus

degeneration, lateral tibial plateau degeneration, and joint effusion, all of which were present on the initial MRI scan following the injury.

Therefore, according to the ODG as well as the very indication for Synvisc injection, the requested intrarticular injection of the left knee with Synvisc under fluoroscopy is not medically reasonable or necessary. Moreover, given the clearly documented failure of the initial Synvisc injection, as well as Dr. own admission that such treatment failure would clearly be a reason for not performing additional Synvisc injection, there is clearly no medical reason or necessity for repeating the injection even if the osteoarthritis of the left knee was not considered the ordinary disease of life that it clearly is.

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)**