



REVIEWER'S REPORT

DATE OF REVIEW: 03/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Knee and shoulder blocks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, and 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. I reviewed notes from Dr. In his note of 01/28/08 he indicates that the injured employee complained of left shoulder, left wrist, left chest wall, and left knee pain. He went on to state that she had been diagnosed with an anterior horn medial meniscus grade 1 internal change and grade 2 internal change of the left rotator cuff. He references that arthrography with selective blockade of the left shoulder and knee were 50% and 30% effective in mitigating pain respectively. He references that the injured employee had seen an orthopedic surgeon who did not feel that she required surgery.
2. I reviewed the initial consultation report of 07/27/07 from Dr.
3. I reviewed a 10/08/07 procedure note, which was a somatic block of the left knee and shoulder. He injected Synvisc 20 mg in each region.
4. I reviewed a note from Dr. dated 01/21/08.
5. I reviewed a report from Dr. dated 03/11/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a female who had a slip-and-fall incident at work thereafter having complaints of pain in the left wrist and left shoulder as well as left knee. She has been treated by Dr.. She had what was referred to as a somatic block of her left shoulder and left knee, which according to the note consisted of Synvisc injections.

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

This is a female who does not have any history of an arthritic condition in her left knee for which the Synvisc would be indicated. There is no indication that she required Synvisc in the left shoulder for the impingement that was diagnosed. ODG Guidelines do not support Synvisc injections under the circumstances in this case. Also, if there was indeed more of an anesthetic block performed, the procedure note does not reflect if any anesthetic was injected into the left shoulder or left knee.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)