

SENT VIA EMAIL OR FAX ON  
Feb/09/2009

## Independent Resolutions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/09/2009

**IRO CASE #:**

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

Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)

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

Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Office notes, Dr., 10/01/07, 03/05/08, 12/15/08

Synvisc injections, 10/08/07, 10/17/08, 04/02/08 04/09/08, 04/16/08

Peer review, 12/18/08, 01/07/09

Appeal, Dr., 01/02/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant injured in xxxx when she twisted her knee. She has had 6 knee surgeries since that time and had a diagnosis of osteoarthritis.

On 10/01/07 Dr. saw the claimant for left knee pain. She was taking Lorcet, Mobic and Nexium. The examination showed motion was 0-130 degrees. There was no pain with patellofemoral compression. She had marked medial joint line tenderness. Standing x-rays showed moderate degenerative joint disease with osteophytes and subchondral sclerosis,

moderate medial compartment narrowing. She had Synvisc injections on 10/01/07, 10/08/07 and 10/17/07.

The claimant returned on 03/05/08. Dr. indicated the pain returned in 01/08 but she had good relief for 3 months. The examination was unchanged. No new x-rays were taken. Synvisc was given on 04/02/08, 04/09/08 and 04/16/08.

On 12/15/08 Dr. saw the claimant for medial and lateral knee pain, giving way and swelling. She reported she had 3 months good relief. On examination motion was 0-130 degrees. There was medial joint line pain. No effusion was noted. Dr. recommended Synvisc which had been denied on 2 peer reviews.

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

Clearly Hyaluronic injection treatments are acceptable treatment for patients with osteoarthritis. The degree of osteoarthritis involvement is a bit unclear in this case. No more than three series of injections are recommended over any five year period. The only documentation provided would be the series of injections in the fall of 2007 and in April 2008.

There is simply not enough information available to allow the Reviewer to recommend this as medically necessary. It is unclear if steroid injections have been tried and failed. It is unclear that more than two series of Synvisc have been provided since 2007. If, indeed, there has been failure of traditional steroid injections in addition to the oral medications documented and if indeed the October 2007 and April 2008 series were the only series provided it is possible that this person could become a candidate. However, the Reviewer simply cannot provide an answer to those questions based on the limited data provided.

#### **Official Disability Guidelines Treatment in Worker's Comp 2009 Knee Hyaluronic acid injections**

Recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. (Leopold, 2003) (Day, 2004) (Wang, 2004) (Aggarwal, 2004) (Arrich, 2005) (Karatosun, 2005) (Blue Cross Blue Shield, 2005) (Petrella, 2005) Compared with lower-molecular-weight hyaluronic acid, this study concluded that the highest-molecular-weight hyaluronic acid may be more efficacious in treating knee OA. (Lo-JAMA, 2004) These more recent studies did not. (Reichenbach, 2007) (Jüni, 2007) The response to hyaluronan/hylan products appears more durable than intra-articular corticosteroids in treatment of knee osteoarthritis. (Bellamy-Cochrane, 2005) Viscosupplementation is an effective treatment for OA of the knee with beneficial effects: on pain, function and patient global assessment; and at different post injection periods but especially at the 5 to 13 week post injection period. Within the constraints of the trial designs employed no major safety issues were detected. (Bellamy-Cochrane2, 2005) (Bellamy, 2006) Intra-articular viscosupplementation was moderately effective in relieving knee pain in patients with osteoarthritis at 5 to 7 and 8 to 10 weeks after the last injection but not at 15 to 22 weeks. (Modawal, 2005) This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. (Petrella, 2006) The combined use of hyaluronate injections with a home exercise program should be considered for management of moderate-to-severe pain in patients with knee osteoarthritis. (Stitik, 2007) Patients with moderate to severe pain associated with knee OA that is not responding to oral therapy can be treated with intra-articular injections. Intra-articular injections of hyaluronate are associated with delayed onset of analgesia but a prolonged duration of action vs injections of corticosteroids. (Zhang, 2008) Treatment with hylan or hyaluronic acids is thought to restore synovial fluid viscoelasticity, which is depleted in

patients with OA. Hyaluronic acids were modified to form high molecular weight hylans, to increase viscosity and decrease clearance from the joint. (Jüni, 2007) Data of the literature demonstrate that hylan GF-20 is a safe and effective treatment for decreasing pain and improving function in patients suffering from knee osteoarthritis. (Conrozier, 2008) (Huskin, 2008) (Zietz, 2008) In one trial comparing the clinical effectiveness, functional outcome and patient satisfaction following intra articular injection with two viscosupplementation agents - Hylan G-F-20 and Sodium Hyaluronate in patients with osteoarthritis (OA) of the knee, both treatments offered significant pain reduction, but it was achieved earlier and sustained for a longer period with Hylan G-F 20. From this study, it appeared that the clinical effectiveness and general patient satisfaction are better amongst patients who received Hylan G-F 20, although the numbers of treatment related adverse events were higher (39 vs. 30) in the Hylan G-F 20 group. As with all injections, care must be given to watch for any possible adverse events, and particularly with the use of Hylan over Hyaluronic acid. (Raman, 2008) (Reichenbach, 2007)

#### Criteria for Hyaluronic acid or Hylan

A series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. (Huskin, 2008) (Zietz, 2008) (Wobig, 1999) (Raman, 2008)

Indicated for patients who

- Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications)
- Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement
- Younger patients wanting to delay total knee replacement. (Wen, 2000)
- Repeat series of injections: If relief for 6-9 months and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement. (Spitzer, 2008)

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)