

SENT VIA EMAIL OR FAX ON  
May/20/2009

## **P-IRO Inc.**

An Independent Review Organization  
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**DATE OF REVIEW:**

May/20/2009

**IRO CASE #:**

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

Orthoviso injections (3) to left knee

**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 note Dr./ 09/02/08, 11/18/08

Peer review 11/07/08

Peer review 12/01/08

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male, retired, who injured his left knee in xxxx. He sustained a left proximal tibial intraarticular fracture and underwent open reduction and internal fixation. The claimant presented on 09/02/08 with complaints of increasing left knee pain and swelling. Exam findings noted effusion with crepitation on motion. Pain was across the iliotibial band and the tibial tubercle. X-rays reportedly showed a nine-screw fixation through the lateral tibial plate reinforcement and additional views noted some lateral joint space narrowing. The impression was a combination of posttraumatic arthritis and hardware irritation across the iliotibial band. A CT scan was recommended but the report was not provided for review. A series of three Orthovisc injections to the left knee was requested.

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

The requested Orthovisc injections three to the left knee, is medically necessary based on review of this medical record.

This is a gentleman who had a intraarticular tibial plateau fracture, which was treated

surgically. The medical records for review include a 09/02/08 office visit of Dr. who documents x-rays showing arthritis and an 11/18/08 letter of Dr. who documents ongoing positive physical findings and lack of improvement with appropriate anti-inflammatory medication.

ODG guidelines document the use of intraarticular viscosupplementation injections in patients who have symptomatic osteoarthritis and have not responded to anti-inflammatory medication, who want to delay knee replacement surgery, and have ongoing complaints without improvement. That would appear to be occurring in this patient as noted in the medical record and letter of Dr.

Therefore, the requested Orthovisc viscosupplementation injections are medically necessary in an attempt to treat this patient's arthritis without more aggressive surgical intervention.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, Knee and Leg, Viscosupplementation

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)