COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

DATE OF REVIEW: **9/16/09**

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for a series of five (5) Supartz (Viscosupplementation) injections for both knees

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

Texas licensed Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X 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.

The previously denied request for series of five (5) Supartz (Viscosupplementation) injections for both knees

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Request Letter dated 8/28/09.
- Left Knee MRI dated 5/28/09.
- Right Knee MRI dated 5/28/09.
- Office Visit dated 8/20/09, 7/23/09, 6/11/09, 5/26/09.

- Adverse Determination Letter dated 8/26/09, 7/28/09.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:
Gender: Female
Date of Injury: xx/xx/xx
Mechanism of Injury: Slip and fall

Diagnosis: Chondromalacia of the bilateral knees and lateral subluxation of the patella, left knee.

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

This female had a date of injury of xx/xx/xx, when she slipped on spilled food and fell on both knees. She was diagnosed with chondromalacia of the bilateral knees and lateral subluxation of the patella, left knee. The patient was seen in the emergency room and given Darvocet for pain and as of xx/xx/xx, Dr. indicated that the patient had not received any other care. Dr. evaluated the patient that day noting physical examination of the right knee, had an antalgic gait, diffuse medial and lateral anterior tenderness, with 110 flexion, 0 degree extension range of motion, quadriceps strength was 3/5 and hamstring strength was 3/5. No ligamentous laxity was noted. McMurray's and reverse McMurray's was positive with positive patellar apprehension. The left knee physical examination was basically the same, with noted patellofemoral crepitus. The recommendation by Dr. on that date was Darvocet-N 100 for pain, Ultracet for pain, Naprelan for non-steroidal anti-inflammatories, and an MRI of the both knees was requested. Subsequently, the MRI of the left knee revealed low meniscal tear, cruciate ligament disruption, no bony contusion, mild to moderate chondromalacia; patellofemoral compartment primarily involving in the medial patellar facet, trochlear apex, and medial trochlear facet with minimal chondromalacia of the medial femoral condyle and the right knee findings were significant for moderate chondromalacia, patellofemoral primarily medial patellar facet and medial trochlear facet, with mild medial and lateral compartment chondromalacia. The patient was followed by Dr. , with physical examination findings remaining basically the same and his recommendation for treatment after the MRI was continued medication and physical therapy three times a week for three weeks then two times a week for three weeks and in a follow-up on July 23, 2009. The patient was progressing in therapy and feeling better. Pain was mild. On August 20, 2009, the patient continued to describe her pain as mild, worse with activities with the pain being rated as a 3 on a 1-10 pain scale. The patient was to continue Naprelan and viscosupplementation was recommended on that date. The rationale for denial of the requested viscosupplementation is the ODG criteria for viscosupplementation of the knee is the patient should "experience significantly symptomatic osteoarthritis, but have not responded adequately to standard nonpharmacological and pharmacological treatments or is intolerant of these therapies " or "younger patients wanting to delay the total knee replacement."The patient is only having mild pain and does not appear to be having significantly symptomatic osteoarthritis. The prior review indicated a recommendation for denial with the notations

that the claimant was young and physical therapy had been beneficial. The rationale from this reviewer's standpoint is the patient does not appear to have significantly symptomatic osteoarthritis, as it only appears to be very mild in nature. Therefore, the request is upheld.

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

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES. Official Disability Guidelines (ODG), Treatment Index, 7th Edition, (web) 2009. Knee – Hylan, Hyaluronic acid injections.

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).