



Notice of Independent Review
Decision-WC
CLAIMS EVAL REVIEWER REPORT - WC

CLAIMS EVAL

*Utilization Review and
Peer Review Services*

DATE OF REVIEW: 7-23-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Viscous supplementation treatment: 1 injection/week for three weeks at the left knee

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

American Board of Orthopaedic Surgery-Board Certified

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 2-24-10 MRI of the left knee.
- MD., office visits on 4-30-10, 5-14-10, 6-2-10, and 6-30-10.
- 5-12-10 DO., performed a Utilization Review.
- 6-25-10 DO., performed a Utilization Review.
- 7-6-10 MD., performed a Peer Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

2-24-10 MRI of the left knee shows early chondromalacia of the patellofemoral joint space without joint effusion or significant suprapatellar synovitis. There is minimal peripatellar bursitis.

4-30-10 MD., the claimant is a male claimant, right hand dominant that sustained trauma to the left knee and left elbow during the course and scope of his job on. He refers that he works for, when he was getting out from a van when his left foot got caught in the frame of the door and he fell sideways. He landed on his left elbow and left knee. He has been complaining of left elbow and left knee pain, He refers that his left knee locks and gives away. He denies ever having problems to the left knee or left elbow before. He refers that the pain in the left elbow is exacerbated by pushing, pulling, or lifting. The claimant is mostly in the lateral aspect of the left elbow. He was seen

by Dr., who sent the claimant to me for further evaluation and treatment. On physical examination, the left knee presents with crepitance upon range of motion in the patellofemoral joint. There is tenderness to palpation in the patellar tendon. The Appley's test and McMurray's test are negative. There is no knee effusion; full extension; flexion to 130 degrees. The left elbow presents with severe tenderness to palpation in the lateral epicondyle exacerbated by resistive extension of the left elbow. Under sterile condition and local anesthesia, the left elbow lateral epicondyle was injected with Depo Medrol. 90% pain relief was obtained by the claimant. The claimant will be started on a Viscous Supplementation treatment to treat the bursitis of the left knee. Please consider this as a valid letter of medical necessity for the approval of the above mentioned treatment plan

5-14-10 MD., the claimant was seen for follow up. His treatment of Hyalgan injections was denied by the insurance company and the denial letter states that the claimant is scheduled for Viscous Supplementation to treat bursitis. The claimant not only has bursitis, he also has chondromalacia of the patellofemoral joint that is very symptomatic and that is where the anterior knee pain is coming from. The claimant does not have degenerative joint disease. The evaluator felt that the chondromalacia was exacerbated by the work-related injury. Viscous supplementation has been used for the treatment of pain caused by chondromalacia, successfully in the past, and the evaluator felt that Viscous Supplementation treatment is an option before considering surgery. On physical examination, the left knee presents with crepitance upon range of motion in the patellofemoral joint. There is tenderness to palpation in the patellar tendon. The Appley's test and McMurray's test are negative. There is no knee effusion; full extension; flexion to 130 degrees. The left elbow presents with severe tenderness to palpation in the lateral epicondyle exacerbated by resistive extension of the left elbow. The claimant will follow up in a month.

6-2-10 MD., the claimant was seen for follow up. The claimant referred that the left knee pain has not improved with the medical treatment he has received so far. The physical medicine and rehabilitation has not been so effective for his pain in the left knee. The left elbow pain has returned after the injection in the elbow with cortisone. The insurance company has not approved the Viscous Supplementation treatment in spite of the clarification letter he wrote on May 14, 2010 in which he stated that the claimant has chondromalacia of the patella that was exacerbated by his work-related injury. The Viscous Supplementation is used for the treatment of pain caused by chondromalacia and the evaluator was trying to avoid doing surgery on this claimant. On physical examination, the left knee presents with crepitance upon range of motion in the patellofemoral joint. There is tenderness to palpation in the patellar tendon. The Appley's test and McMurray's test are negative. There is no knee effusion; full extension; flexion to 130 degrees. The left elbow presents with severe tenderness to palpation in the lateral epicondyle exacerbated by resistive extension of the left elbow. The evaluator respectfully requested reconsideration for the approval of the treatment of chondromalacia with Viscous Supplementation treatment.

6-30-10 MD., the claimant was seen for follow up. His treatment of Hyalgan injections was denied again. This is the third denial and he is desperate to have improvement in his condition and he is requesting surgery. He was advised that conservative measures are recommended before he can be a candidate for surgery. The claimant needs the treatment

on his knee to decrease the chondromalacia of the patella, which was exacerbated by the work related injury. On physical examination, the left knee presents with crepitance upon range of motion in the patellofemoral joint. There is tenderness to palpation in the patellar tendon. The Appley's test and McMurray's test are negative. There is no knee effusion; full extension; flexion to 130 degrees. The left elbow presents with severe tenderness to palpation in the lateral epicondyle exacerbated by resistive extension of the left elbow. The claimant was instructed to discuss the denial with his case manager. He refers that he is going to try to get a lawyer.

On 5-12-10 DO., performed a Utilization Review. The reviewer reported that records submitted indicate the requested injections were recommended to treat left knee bursitis, a condition for which viscosupplementation is not indicated as this type of treatment is indicated for intra-articular injection due to a significant degenerative disease. Additionally, the reported injury date was only and records submitted lack documentation regarding any prior treatment, particularly active physical rehab and oral medications, before proceeding with a series of viscosupplementation injection.

6-25-10 DO., performed a Utilization Review. The reviewer reported that The Official Disability Guidelines support the clinical benefits of knee viscosupplementation in documented cases of significantly symptomatic osteoarthritis. Records documented a very symptomatic chondromalacia of the patellofemoral joint. There is no documented objective evidence of osteoarthritis on physical examination and imaging studies. There is no documentation of the claimant's objective response and failure/intolerance with an initial trial of conservative treatment consisting of optimized pharmacotherapy and physical therapy, as well as intraarticular steroid injection. There is no documented plan to use the proposed injection as an adjuvant to an effective, evidence-based rehabilitative effort. Owing to insufficient clinical justification for the requested injection, the medical necessity of the requested viscosupplementation in the left knee has not been established.

On 7-6-10, MD., performed a Peer Review. The reviewer noted that the claimant has continued subjective complaints in the left elbow and left knee, though it is not medically probable that these ongoing complaints are causally related to the contusions sustained on x/xx/xx based on review of diagnostics and exam findings.

The left knee MRI dated 2/24/10, identified chondromalacia of the patellofemoral joint without effusion, and prepatellar bursitis. Both the chondromalacia and bursitis are pre-existing disease of life findings. The mechanism of the work event, with no effusion, and relatively normal physical exam, would not correlate with the work event resulting in new acute structural damage, and thus no acceleration or aggravation of these pre-existing degenerative findings. In regard to the left elbow, the claimant sustained left elbow contusion. MRI of the left elbow identified findings consistent with a lateral epicondylitis. This is a disease of life finding, not related to a contusion on x/xx/xx. The mechanism of the work event would not support that the claimant sustained any acute structural damage to the left elbow and no acceleration or aggravation of this pre-existing disease of life process. Current diagnosis by Dr. was lateral epicondylitis, resolving, and internal derangement of the left knee. There is no acute internal derangement identified on the MRI. The lateral epicondylitis identified on the left elbow MRI would be a pre-existing disease of life finding. Later diagnosis of bursitis and chondromalacia given by Dr. are not acute, but rather disease of life findings. In all

medical probability, the ongoing condition and care is related to the pre-existing degenerative conditions in the left elbow and left knee. The effects of the contusions sustained on x/xx/xx have in all medical probability resolved. The claimant is now greater than status post work event and the effects of the work event should have resolved by this time. By the follow up on 4/9/10, the claimant had completed formal physical therapy. There was no medical necessity for orthopedic exam as related to the contusions, based on review of the diagnostics. The 4/9/10 office visit was approximately 7 weeks status post work event and in all probability, the effects of the contusions would have resolved by that date. There was no aggravation of pre-existing degenerative changes as there was no new acute structural damage to either the left elbow or left knee that can be objectively identified. Chondromalacia and bursitis of the left knee is not related to the x/xx/xx work event, nor is left elbow lateral epicondylitis. The reviewer could not determine why MRI of the left elbow and left knee was ordered or whether this was within ODG treatment guidelines. The claimant had 15 therapy visits, with therapy through March being passive. This appears excessive per ODG treatment guidelines. The ongoing medical treatment in all probability is not related to soft tissue contusions of the left knee and left elbow. TENS would not be reasonable for elbow or knee pain per ODG. There is no medical necessity for knee brace per ODG. The effects of the left elbow contusion and left knee contusion has in all probability resolved by this time. Any and all additional treatment recommended in all probability would be related to the pre-existing degenerative changes identified on MRI within days of the work event, not related to the work event. An over the counter anti-inflammatory and over the counter analgesic would be reasonable for symptoms, not related to the work event in all probability.

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

MEDICAL RECORDS REFLECT THE CLAIMANT WITH LEFT KNEE PAIN. HIS MRI SHOWED CHONDROMALACIA OF THE PATELLOFEMORAL JOINT SPACE WITHOUT JOINT EFFUSION OR SIGNIFICANT SUPRAPATELLAR SYNOVITIS. THERE IS MINIMAL PERIPATELLAR BURSTITIS. THIS CLAIMANT IS OF A YOUNG AGE AND HIS PROBLEMS APPEAR TO BE SECONDARY TO MECHANICAL ISSUES AND NOT DEGENERATIVE. OTHER CONSERVATIVE MEASURES HAVE NOT BEEN PROVIDED PRIOR TO THE CONSIDERATION FOR VISCOSUPPLEMENTATION. THE REQUESTED TREATMENT IS NOT APPROPRIATE FOR THE DIAGNOSIS. BASED ON DOCUMENTATION PROVIDED, THE REQUEST FOR VISCOUS SUPPLEMENTATION TREATMENT: 1 INJECTION/WEEK FOR THREE WEEKS AT THE LEFT KNEE IS NOT REASONABLE OR MEDICALLY INDICATED.

ODG-TWC, last update 6-30-10 Occupational Disorders of the 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. (Karlsson, 2002) (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) On 02/26/09 the FDA granted marketing approval for Synvisc-One™ (hylan G-F 20), a product intended for the relief of pain associated of the knee. Synvisc-One is the only single-injection viscosupplement approved for the treatment of OA knee pain in the United States, from Genzyme Corp. (FDA, 2009) A meta-analysis of clinical trials concluded that, from baseline to week 4, intra-articular corticosteroids appear to be relatively more effective for pain than intra-articular hyaluronic acid, but by week 4, the 2 approaches have equal efficacy, and beyond week 8, hyaluronic acid has greater efficacy. (Bannuru, 2009)

Criteria for Hyaluronic acid or Hylan:

A series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan, or one of Synvisc-One 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- 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)