

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.  
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Notice of Independent Review Decision

**DATE OF REVIEW:** December 8, 2010

**IRO CASE #:**

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

Outpatient Synvisc Injection times three; left knee.

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

DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY  
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

**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**

Medical records from the Carrier include:

- Medical Center, 02/24/09, 05/08/09
- P.A.-C., 07/24/09
- Texas Workers' Compensation Work Status Report, 07/24/09, 08/11/09, 08/18/09, 08/26/09, 10/22/09, 11/16/09, 02/17/10, 05/26/10, 06/09/10, 06/23/10, 09/21/10
- M.D., 08/11/09, 08/18/09, 08/26/09, 10/22/09, 11/16/09, 02/17/10, 05/26/10, 06/09/10, 06/23/10
- M.D., 08/20/09
- Spine, 09/21/10
- 09/28/10, 10/25/10

Medical records from the URA include:

- Official Disability Guidelines, 2008
- M.D., 09/21/10
- Spine 09/23/10
- L.V.N., 09/28/10
- M.D., 09/28/10
- 09/28/10, 10/25/10
- 10/18/10

Medical records from the Requestor/Provider include:

- M.D., 07/31/08
- Medical Center, 07/31/08, 05/07/09
- DWC-69, Report of Medical Evaluation, 11/05/08
- M.D., 05/08/09, 08/01/08
- M.D., 08/11/09, 08/18/09, 08/26/09, 09/24/09, 10/22/09, 11/16/09, 02/17/10, 06/09/10, 06/23/10, 09/21/10
- 10/16/09
- Texas Workers' Compensation Work Status Report, 05/26/10, 06/09/10, 06/23/10, 09/21/10

### **PATIENT CLINICAL HISTORY:**

To Whom It May Concern:

I have had the opportunity to review medical records on this patient. The records indicate a date of injury of xx/xx/xx, and include a reported injury to the left knee.

According to the records provided, the patient was injured at work on xx/xx/xx while working on a xx. He fell into the blade of the loader, striking his left knee.

After a few weeks, the patient presented to M.D., orthopedic surgeon.

An MRI disclosed a partial tear of the lateral collateral ligament and a moderate strain of the biceps femoris. The fluid anterior to the patellar tendon was noted consistent with a contusion. The arthroscopic surgery was performed on August 1, 2008. The traumatic bursal effusion was excised and the lateral collateral ligament had a few stitches placed in it.

The patient was subsequently placed at maximum medical improvement on November 5, 2008, and given a 0% impairment rating. His symptoms continued.

A repeat MRI disclosed joint effusion extending into the suprapatellar bursa, without evidence of internal derangement.

A repeat arthroscopy was performed on May 8, 2009, in which a partial medial meniscectomy was performed, as was a lateral release and removal of loose bodies.

There was physical therapy prescribed postoperatively.

The patient began treating with M.D. The treatment has basically been pain management with intermittent cortisone injections and prescription medications. Darvocet and Ibuprofen were used for a period of time, but he developed melena while using the Ibuprofen. The records document two to three injections having been performed by Dr.. No recent x-ray results are provided.

The patient has been at light duty work for an extended period of time.

The most recent record is dated September 21, 2008. At that time, Dr. noted no instability, no effusion, range of motion 5-125 degrees, and normal strength and muscle tone. An impression of persistent left knee pain was made. Dr. recommended Synvisc injections.

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

The denial of the Synvisc injections was appropriate. The documentation provided by Dr. is inconsistent with ODG Guidelines regarding Hyaluronic acid injections. There is no evidence that this patient has osteoarthritis.

In summary, the denial of the Synvisc injections was consistent with ODG Guidelines.

I trust that this will be sufficient for your needs.

**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)