



Notice of Independent Review Decision

DATE OF REVIEW: 12/09/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Synvisc Injection of the Right Knee

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

Board Certified in Orthopedic Surgery

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.

Synvisc Injection of the Right Knee – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Evaluation, M.D., 11/01/06, 11/13/06, 11/27/06, 01/03/07, 08/18/10, 10/13/10, 11/03/10
- MRI Left Thumb and Left Wrist, D.O., 11/07/06
- MRI Right Wrist, Dr., 11/17/06
- Neurologic Consultation, D.O., 11/29/06
- Electrophysiology Report, Dr. 11/29/06
- Chest X-Ray, 12/21/06
- Operative Report, Dr. 12/28/06
- Denial Letter, 10/01/10, 11/04/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was treated for right knee pain with medial joint line tenderness, patellar tenderness and parapatellar region tenderness. She was status post right knee arthroscopy. She was diagnosed with post-traumatic arthritis of the right knee. X-rays obtained demonstrated advancing post-traumatic degenerative changes of all compartments of the right knee. No fractures or dislocations were noted. The treating physician requested the claimant be scheduled for a Synvisc injection of the right knee.

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

The patient is a woman diagnosed with post-traumatic arthritis of the right knee, after arthroscopy performed on 11/25/2008. The original mechanism of injury is not documented; and the knee is tender on both joint lines. X-rays demonstrate advancing post traumatic degenerative changes of all compartments of the right knee. Conservative care is not documented. There is insufficient information to state that a Synvisc injection of the right knee medically would be reasonable and necessary. The information provided does not indicate that the patient experiences significantly symptomatic osteoarthritis and has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies. The surgery performed is not documented, and the status of the knee joint is unknown.

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)**
- AMA GUIDES 5TH EDITION**