

SENT VIA EMAIL OR FAX ON
Jun/15/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Synvisc-One Injection Left Knee X 1

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 notes, Dr., 11/19/09, 12/18/09, 01/29/10, 02/16/10, 03/09/10, 04/20/10, 05/04/10

Operative report, 01/18/10

PT records, 02/24/10, 04/06/10

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant who reportedly sustained a left knee twisting injury on xx/xx/xx . A physician record dated 11/19/09 noted the claimant with left knee pain associated with continued swelling, locking and catching. Review of an MRI confirmed a bucket – handle tear of the lateral meniscus. The claimant subsequently underwent a left knee medial and lateral meniscectomy and chondroplasty of the patella and trochlear groove on 01/18/10. The claimant attended post-operative physical therapy with reported progression but with continued pain and continued limp. It was noted that the claimant had failed conservative treatments of anti- inflammatory medication and icing. A 04/20/10 examination revealed left knee tenderness and limited motion. Viscosupplementation was recommended and the

claimant was advised to continue use of oral medications. The request is for a Synvisc-One injection.

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

The request is for Viscosupplementation times one. This would be approved based on the information available. The claimant appears to have sustained an injury on xx xx/xx: a twisting injury to the left knee. The claimant underwent operative intervention on 01/18/10. There was found to be tears of the medial and lateral menisci. The claimant underwent medial and lateral meniscectomy as well as chondroplasty of the trochlea and patella. The claimant was noted to have a chondral injury; this was noted to be Grade III to IV. In light of the chondral injury, and failure to respond to anti-inflammatory agents, Synvisc ONE would be approved. The claimant has failed to respond to anti-inflammatory agents, therapy and time. The claimant has chondral changes, which would be appropriate for the Viscosupplementation.

This IRO reviewer disagrees with the previous denial. It was noted that X-rays were not ever done. However the claimant had arthroscopy and was noted to have Grade III to IV chondral changes, which may not be visualized on X-ray. The claimant has failed the use of medication and has undergone therapy.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Knee and Leg: Hyalgan® / Hyaluronic acid injections
Recommended as an option for osteoarthritis.

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 visco supplement approved for the treatment of OA knee pain in the United States, from Genzyme Corp.

Criteria for Hyaluronic acid or Hylan:

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.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)