

MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 10/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a steroid injection to the left knee under fluoroscopy and arthrogram.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a steroid injection to the left knee under fluoroscopy and arthrogram.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Orthopedics, and.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Ortho: 8/10/10 through 9/20/10 reports by MD, 2/11/10 to 4/22/10 surgical reports, 2/7/09 left knee MRI report, 6/26/09 left shoulder MRI report, 8/25/10

updated plan of care report, initial eval of 3/1/10, 3/19/09 PT note by PT and 2/23/09 initial eval by.

: 8/6/10 denial letter and physician report, 5/1/09 to 7/30/10 reports by MD, ODG guidelines re:# 67842, various HICFA 1500's, various DWC 73 reports, treatment encounter notes 3/15/10 and 8/20/10 denial letter.

: 10/13/10 letter by, 7 pg patient review letter, 8/20/10 physician reviewer letter, 9/10/10 denial letter and physician review letter, 9/17/10 denial letter and physician reviewer letter, 9/22/10 denial letter and physician reviewer letter, Medical Center ED records of 8/17/09, 7/22/09 doppler US report, hx and phys examination report and discharge summary 7/23/09, progress records 7/23/09, home discharge instructions, general lab reports from 7/27/09 to 8/6/09, 1/18/10 Doppler US report, 2/5/10 chest xray report, daily notes from 2/9/09 to 7/30/09, 5/25/09 DD report, progress notes by Group 8/10/09 to 3/6/10, 10/30/09 EKG report, 2/5/10 to 4/9/10 lab reports, treatment encounter notes 2/22/10 to 8/31/10, 2/17/09 to 9/20/10 reports by MD and a script dated 10/5/10 for DARS.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has been noted to be status post partial medial and lateral meniscectomy, along with chondroplasty, on 2/11/10. A partial tear of the anterior cruciate ligament has also been noted. Limited flexion and a mild effusion were noted in the most recent records from the Attending Physician. On 9/20/10, viscosupplementation was felt indicated. Previously, treating provider records from 7/30/10 report ongoing arthritis knee pain and the indication for cortisone injection with a fluoroscopy and arthrogram for guidance. Denial letters regarding a cortisone injection and arthrogram denoted the lack of operative summary and or recent records from the treating provider, along with the lack of documentation of a failure of conservative treatment.

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

The most recent records submitted do evidence persistent pain in the knee that may be reasonably construed to be posttraumatic arthritis. The treating provider has had a consideration for a cortisone injection with fluoroscopic arthrogram. However, there has only been a mild effusion documented. This "mild" effusion typically is therefore not associated with any severity of an inflammatory or acute condition. In addition, the combination of subjective and objective findings does not evidence an acute inflammatory condition. The treating provider has also discussed a consideration for visco-supplementation. The applicable ODG guidelines document a consideration for a cortisone injection in situations in which there is evidence of an acute inflammatory condition. The guidelines also denote that any response to cortisone is typically short lived. There has not been documentation that denotes that this particular claimant has any particular challenged anatomy that would warrant a fluoroscopic arthrogram in order to assure accuracy of injection into the knee joint. An arthrogram with fluoroscopy would therefore not be medically reasonable necessary. The treating provider also documented that a typical response to Visco-supplementation could be

up to a year. Without evidence of a clinically challenging knee to inject and, with alternatives to a short lived (cortisone) injection (in a knee that has not been document to reflect an acute and-or severe inflammatory arthritic reaction), cortisone injected via arthrogram is not medically necessary at this time.

ODG - Corticosteroid injections: Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. The short-term benefit of intra-articular (IA) corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported. Longer-term benefits have not been confirmed. Comparisons of IA corticosteroids showed triamcinalone hexacetonide was superior to betamethasone for number of patients reporting pain reduction up to four weeks post injection. The response to hyaluronan/hylan products appears more durable, compared to corticosteroids. In a randomized controlled trial comparing a new reciprocating procedure device (RPD) to the traditional syringe for injection of intra-articular corticosteroid, the RPD significantly reduced patient pain and procedure time. Intra-articular injections of hyaluronate are associated with delayed onset of analgesia but a prolonged duration of action vs injections of corticosteroids. Intra-articular corticosteroid injections help to relieve pain and reduce swelling in osteoarthritis of the knee (level of evidence, A). Intra-articular injections typically yield improvement within 24 hours that lasts 4 to 8 weeks. Repeated injections to the knee may not accelerate disease progression for osteoarthritis. 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. This study demonstrates the potential chondrotoxicity associated with intra-articular bupivacaine use in arthritic knee joints, particularly when given with a corticosteroid. Although these findings seem to be subtle and are probably subclinical after just 1 injection, they indicate the possible spectrum of iatrogenic injury that may be caused by repeated injections of local anesthetics commonly used to treat articular pain.

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)