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## Notice of Independent Review Decision

**DATE OF REVIEW:** 03/01/11

**IRO CASE #:**

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

One Synvisc injection to 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.

One Synvisc injection to the right knee - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An emergency room visit with an unknown provider (no name or signature was available) dated 08/10/05

A right knee x-ray interpreted by M.D. dated 08/10/05

A work status report from M.S.N., R.N. dated 08/12/05

Evaluations with D.C. dated 08/12/05, 08/15/05, 10/13/05, 08/23/06,

Chiropractic therapy with Dr. dated 08/17/05, 08/18/05, 08/25/05, 08/29/05, 09/01/05, 09/02/05, 09/07/05, 09/08/05, 09/09/05, 09/12/05, 09/13/05, 09/15/05, 09/19/05, 09/20/05, 09/21/05, 09/26/05, 09/28/05, 09/29/05, 10/03/05, 10/04/05, 10/06/05, 10/10/05, 10/11/05, 07/05/06, 07/06/06, 07/07/06, 07/10/06, 07/11/06, 07/12/06, 07/13/06, 07/14/06, 07/17/06, 07/18/06, 07/19/06, 07/20/06, 07/21/06, 07/24/06, 07/25/06, 07/26/06, 07/27/06, 07/28/06, 08/01/06, 08/02/06, 08/03/06, 08/07/06, 08/08/06, 08/09/06, 08/10/06, 08/14/06, 08/15/06, 08/16/06, and 08/17/06

An MRI of the right knee interpreted by M.D. dated 08/24/05

An evaluation with M.D. dated 10/10/05

A DWC-73 form from Dr. dated 10/10/05

Required Medical Evaluations (RMEs) with M.D. dated 11/14/05 and 07/12/06

DWC-73 forms from Dr. dated 11/14/05, 10/29/10, 11/05/10, 11/16/10, 12/08/10, and 01/18/11

A Functional Capacity Evaluation (FCE) with P.T. dated 11/21/05

Designated Doctor Evaluations with D.O. dated 01/17/06 and 10/17/06

An MRI arthrogram of the right knee interpreted by M.D. dated 01/17/06

An evaluation with M.D. dated 02/16/06

Right knee surgery with Dr. dated 02/17/06

Physical therapy with Certified Athletic Trainer, and Dr. dated 02/17/06, 02/18/06, 02/22/06, 02/23/06, 02/24/06, 02/27/06, 03/01/06, 03/06/06, 03/08/06, 03/10/06, 03/13/06, 03/29/06, 03/31/06, 04/03/06, 04/05/06, 04/07/06, 04/10/06, 04/12/06, 04/17/06, 04/19/06, 04/26/06, 04/28/06, 05/10/06, 05/12/06, 05/17/06, 05/19/06, 05/24/06, and 05/31/06

Laboratory studies dated 02/16/06

Work hardening/work conditioning with an unknown provider (no name or signature was available) dated 07/05/06, 07/07/06, 07/10/06, 07/11/06, 07/12/06, 07/13/06, 07/14/06, 07/17/06, 07/18/06, 07/19/06, 07/20/06, 07/21/06, 07/24/06, 07/25/06, 07/26/06, 07/27/06, 07/28/06, 08/01/06, 08/02/06, 08/03/06, 08/07/06, 08/08/06, 08/09/06, 08/10/06, 08/14/06, 08/15/06, 08/16/06, and 08/17/06

A DWC-53 form dated 08/16/06

Evaluations with D.C. dated 10/04/06, 12/19/06, 01/23/07, 02/13/07, 02/27/07, 04/03/07, 05/15/07, 07/31/07, 08/14/07, 09/18/07, 10/23/07, 10/30/07, 12/11/07, 01/15/08, 04/17/08, 05/21/08, 06/10/08, 06/26/08, 07/08/08, 07/22/08, 08/07/08, 08/19/08, 09/02/08, 09/11/08, 09/22/08, 10/02/08, 10/16/08, 10/30/08, 11/13/08, 12/02/08, 01/15/09, 01/29/09, 02/13/09, 02/26/09, 04/27/09, 06/03/09, 06/19/09, 10/19/09, and 01/04/10

Prescriptions from Dr. dated 11/10/06, 06/14/07, 05/20/09, and 08/31/09

Therapy with Dr. dated 11/15/06, 01/02/07, 07/23/08, 07/25/08, 07/28/08, 07/30/08, 07/31/08, 08/04/08, 08/06/08, 08/07/08, 08/11/08, 08/12/08, 08/14/08, and 08/19/08

Evaluations with M.D. dated 11/17/06, 12/04/06, 01/01/07, 02/06/07, 03/06/07, and 04/03/07

An EMG/NCV study interpreted by M.D. dated 11/20/06

Evaluations with M.D. dated 11/22/06, 02/16/07, and 06/27/07

DWC-73 forms from Dr. dated 12/19/06, 01/23/07, 02/13/07, 02/27/07, 04/03/07, 05/15/07, 06/14/07, 07/31/07, 08/14/07, 09/18/07, 10/23/07, 12/11/07, 01/15/08, 04/17/08, 05/21/08, 06/10/08, 06/26/08, 08/19/08, 09/02/08, 09/22/08, 10/02/08, 10/16/08, 11/13/08, 12/02/08, 01/15/09, 02/13/09, 04/27/09, 06/03/09, 08/31/09, 10/19/09, and 01/04/10

An MRI of the right knee interpreted by M.D. dated 01/15/07

DWC-73 forms from Dr. dated 02/16/07, 03/30/07, and 05/11/07

Evaluations with M.D. dated 03/13/07, 04/03/07, and 02/15/08

Evaluations with M.D. dated 03/23/07, 03/30/07, 04/09/07, 04/16/07, 04/27/07, 05/02/07, 05/29/07, and 06/14/07

Evaluations with Dr. dated 03/30/07 and 05/11/07,

Designated Doctor Evaluations with M.D. dated 04/19/07, 08/23/07, and 11/16/09

Prescriptions from Dr. dated 06/14/07, 06/29/07, 07/14/07, 08/14/07, and 05/22/08

Individual psychotherapy with an unknown therapist (signature was illegible) dated 06/14/07, 06/15/07, 06/21/07, 06/22/07, and 06/28/07

Pain Process and Educational Group Therapy with D.C. dated 06/14/07, 06/15/07, 06/21/07, 06/22/07, and 06/28/07

Massage therapy with an unknown therapist (signature was illegible) dated 06/14/07, 06/15/07, 06/21/07, 06/22/07, and 06/23/07

Outpatient rehabilitation therapy with an unknown provider (no name or signature was available) dated 06/14/07 and 06/21/07

Nutrition counseling with an unknown provider (no name or signature was available) dated 06/15/07, 06/22/07, and 06/23/07

An MRI of the left knee interpreted by M.D. dated 07/02/07

An evaluation with M.D. dated 07/13/07

Evaluations with M.D. dated 07/17/07, 08/24/07, 12/05/07, 10/20/08, 11/24/08, 01/19/09, and 03/02/09

An impairment evaluation with D.C. dated 08/07/07

A DWC-69 form from Dr. dated 08/07/07

Computerized Muscle Testing and Range of motion testing dated 08/10/07, 12/05/07, 05/30/08, 07/01/08, 07/15/08, 07/22/08, 08/07/08, 08/21/08, 09/11/08, 10/16/08, 10/30/08, 12/02/08, 01/29/09, 02/26/09, and 06/03/09

An evaluation with M.D. dated 08/10/07

X-rays of both knees interpreted by M.D. dated 09/04/07

Synvisc injections with Dr. dated 09/06/07, 09/13/07, 09/20/07, 09/27/07, and 10/04/07

FCEs with an unknown provider (no name or signature was available) dated 10/25/07 and 02/07/08

An RME with M.D. dated 02/07/08

An FCE with Dr. dated 02/14/08  
A left knee arthrogram MRI interpreted by M.D. dated 04/07/08  
Evaluations with M.D. dated 05/27/08, 07/28/08, and 09/30/08  
Evaluations with M.D. dated 05/30/08 and 07/01/08  
Laboratory studies dated 06/20/08  
An evaluation with M.D. dated 06/20/08  
X-rays of the chest interpreted by M.D. dated 06/20/08  
A prescription and certification of medical necessity form from Dr. dated 06/23/08  
An operative report from Dr. dated 06/23/08  
MRIs of the both knees interpreted by Dr. dated 11/01/08  
A DWC-73 form from Dr. dated 11/24/08  
A prescription/letter of medical necessity from Dr. dated 12/16/08  
A chronic pain assessment with P.A. dated 05/26/09  
A psychosocial evaluation with L.P.C. dated 05/26/09  
A Required Medical Evaluation (RME) with M.D. dated 05/28/09  
Chronic pain management with Dr. dated 06/30/09, 07/01/09, 07/02/09, 07/07/09, 07/08/09, 07/09/09, 07/22/09, 07/23/09, 07/28/09, 07/29/09, 08/26/09, 08/27/09, 09/02/09, 09/03/09, 09/04/09, 09/08/09, 09/09/09, 09/11/09, 09/15/09, 09/17/09, 09/23/09, 09/24/09, 09/25/09, 09/28/09, and 09/30/09

Chronic pain management with Ms. dated 06/30/09, 07/01/09, 07/02/09, 07/07/09, 07/08/09, 07/09/09, 07/22/09, 07/23/09, 07/28/09, 07/29/09, 08/26/09, 08/27/09, 09/02/09, 09/03/09, 09/04/09, 09/08/09, 09/09/09, 09/11/09, 09/15/09, 09/17/09, 09/23/09, 09/24/09, 09/25/09, 09/28/09, and 09/30/09  
Physical therapy, biofeedback, and massage therapy with an unknown provider (no name or signature was available) dated 06/30/09, 07/01/09, 07/02/09, 07/07/09, 07/08/09, 07/09/09, 07/22/09, 07/23/09, 07/28/09, 07/29/09, 08/26/09, 08/27/09, 09/02/09, 09/03/09, 09/04/09, 09/08/09, 09/09/09, 09/11/09, 09/15/09, 09/17/09, 09/23/09, 09/24/09, 09/25/09, 09/28/09, and 09/30/09  
A request for 15 more sessions of a pain management program from Dr. dated 08/07/09  
A DWC-73 form from Dr. dated 11/16/09  
Evaluations with Dr. dated 05/04/10, 06/30/10, 09/22/10, 10/29/10, 11/12/10, 11/15/10, 11/22/10, 12/12/10, 12/15/10, 12/29/10, and 01/10/11  
Prescriptions from Dr. dated 07/21/10 and 01/03/11  
An MRI of the right lower extremity interpreted by M.D. dated 08/31/10  
Evaluations with Dr. dated 09/23/10, 10/29/10, 11/05/10, 11/12/10, 11/16/10, 12/08/10, and 01/18/11  
An operative report from Dr. dated 10/28/10  
A physical therapy evaluation with M.S., P.T. dated 10/29/10  
Physical therapy with Ms. dated 11/01/10  
Chiropractic therapy with Dr. dated 11/03/10, 11/05/10, 11/08/10, 11/29/10, 12/08/10, and 01/18/11  
A Physical Performance Evaluation (PPE) with Dr. dated 11/10/10  
An MRI of the left lower extremity interpreted by Dr. dated 12/27/10

A letter of non-certification, according to the Official Disability Guidelines (ODG), from M.D. dated 01/24/11

A letter of non-certification for a right knee Synvisc injection, according to the ODG, from M.D. dated 02/02/11

ODG Guidelines dated 02/17/11

A carrier submission report dated 02/17/11

## **PATIENT CLINICAL HISTORY**

On 08/10/05, the patient was given a right knee immobilizer and Vicodin. X-rays of the right knee interpreted by Dr. on 08/10/05 was unremarkable. Chiropractic therapy was performed with Dr. from 08/12/05 through 08/17/06 for a total of 52 sessions. An MRI of the right knee interpreted by Dr. on 08/24/05 showed a moderate joint effusion, an anterior cruciate ligament (ACL) sprain, and narrowing of the medial compartment with medial displacement of the medial meniscus. An MRI arthrogram of the right knee interpreted by Dr. on 01/17/06 showed a horizontal linear signal abnormality affecting the posterior horn of the medial meniscus. On 02/17/06, Dr. performed a right knee arthroscopy, ACL reconstruction, partial right patellectomy, and partial medial and lateral meniscectomies. Work hardening/work conditioning was performed from 07/05/06 through 08/17/06 for a total of 28 sessions. Dr. felt the patient was not at Maximum Medical Improvement (MMI) as of 10/17/06. An EMG/NCV study interpreted by Dr. on 11/20/06 was unremarkable. An MRI of the right knee interpreted by Dr. on 01/15/07 showed a mild sprain of the medial collateral ligament (MCL), moderate effusion, and degeneration and extrusion of the medial and lateral menisci. On 04/03/07, Dr. recommended a cortisone injection of the right knee, Ultram, MRIs of both knees, and continued physical therapy. On 08/07/07, Dr. placed the patient at clinical MMI with a 9% whole person impairment rating. On 08/23/07, Dr. placed the patient at statutory MMI as of 04/10/07 with a 4% whole person impairment rating. Right knee Synvisc injections were performed by Dr. on 09/06/07, 09/13/07, 09/20/07, 09/27/07, and 10/04/07. A left knee MRI arthrogram interpreted by Dr. on 04/07/08 showed a complex tear of the posterior horn of the medial meniscus, moderate tricompartmental osteoarthritis, grade III chondromalacia patella, a small popliteal cyst, and tendinosis and/or chronic postsurgical change at the distal attachment of the patellar tendon. On 06/23/08, Dr. performed a left knee arthroscopy, removal of loose bodies, a partial medial meniscectomy with debridement of torn fibers in the ACL, and a chondroplasty with coblation probe of the patella and anterior femur. An MRI of the right knee interpreted by Dr. on 11/01/08 showed moderate knee effusion, grade I chondromalacia patella, moderate tricompartmental osteoarthritis, chondromalacia patella of the medial femoral condyle and lateral femoral condyle, and a suggested grade I degenerative signal in the anterior horn of the lateral meniscus. An MRI of the left knee interpreted by Dr. on 11/01/08 showed a persistent horizontal signal that extended to the inferior surface of the posterior horn of the medial meniscus, moderate knee effusion, and moderate tricompartmental osteoarthritis. Chronic pain management was performed from 06/30/09 through 09/30/09 for a total of 25 sessions. Another MRI of the right lower extremity interpreted by Dr. on

08/31/10 showed surgical changes with tricompartmental osteoarthritis, a moderate joint effusion, and a small popliteal cyst. On 10/28/10, Dr. performed a right knee arthroscopy, partial medial and lateral meniscectomy, major synovectomy, chondroplasty of the patellofemoral joint, and removal of loose bodies. On 11/05/10, Dr. ordered a left knee MRI. An MRI of the left knee interpreted by Dr. on 12/27/10 showed postoperative changes, medial and patellofemoral compartment osteoarthritis, and a small joint effusion. On 01/18/11, Dr. recommended a right knee Synvisc injection and left knee surgery. On 01/24/11, Dr. wrote a letter of non-certification, according to the ODG, for a right knee Synvisc injection. On 02/02/11, Dr. also wrote a letter of non-certification for the right knee Synvisc injection.

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

The patient's index surgery on her right knee was on 02/07/06 when she underwent an open right anterior cruciate ligament reconstruction with graft obtained from the opposite left knee by M.D. She has also subsequently undergone a second procedure to the right knee on 10/28/10 by, M.D. Dr. performed a series of Synvisc injections to her right knee in 2007 without any evidence of clinical efficacy. It should be noted that the Official Disability Guidelines (ODG) criteria for Hylan acid injections include a series of three to five intrarticular injections of Hylan acid or just three injections of Hylan or one injection of Synvisc in the target knee with an interval of one week between injections. It is indicated for patients who experience significantly symptomatic osteoarthritis, but have not responded adequately to standard non-pharmacological and pharmacological treatments or are intolerant of these therapies (i.e. gastrointestinal problems related to anti-inflammatory medications). They are not candidates for total knee replacement per failed previous knee surgery for their arthritis such as arthroscopic debridement, younger patients wanting to delay total knee replacement, a repeat series of injections documented significant improvement in symptoms for six months or more, and if symptoms recur, it may be reasonable to do another series, no maximum established by high quality scientific evidence. It should be noted that this patient does not meet the criteria as outlined in the ODG since there was no evidence of significant improvement following the initial series of injections provided. Therefore, the requested Synvisc injection to the right knee is neither reasonable nor necessary and the previous adverse determinations should be upheld.

**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 AND KNOWLEDGE BASE

- 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)**