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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left knee Synvisc Injection

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Orthopedic Surgery

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. On this date the patient twisted his left lower extremity and fell down on his flexed knee joint. Orthopedic note dated 04/12/10 indicates that the patient complains of a lot of pain in his knee. He reports that it pops and snaps. Dr. reports that the last time he saw the patient he had a small non-displaced left lateral tibial plateau fracture. On physical examination he has well-healed surgical portals. The patient is able to move his knee “pretty well”, but he has pain with movement. Ligamentous examination is grossly normal. Sensation is normal. Quad, hamstring and gastrocsoleus strength are pretty atrophied. The patient was recommended for a course of physical therapy.

Orthopedic note dated 07/19/10 indicates that the patient continues to complain of pain over the anterior aspect of the left knee. On physical examination tenderness seems to be at the patellar tendon junction. There is no effusion. He can fully extend the knee and flex to about 120 degrees. Dr. reports that the patient’s MRI of a year ago revealed a little bit of tendinosis or thickening of the tendon and also a little cystic structure anterior to the meniscus on the medial side. The patient was recommended to undergo an updated MRI. MRI of the left lower extremity dated 12/07/10 revealed significant interval improvement of the punctate T2 signal intensity changes of the distal femur proximal tibia; normal-appearing menisci with

resolution of the previously described tiny intrameniscal cysts; and small joint effusion.

Orthopedic note dated 12/13/10 indicates that MRI did not show any significant differences, other than it actually looks a little better as far as the punctate findings and the increased signal. The patient has reportedly tried physical therapy, medication management and bracing. The patient was recommended to undergo Synvisc injection. The initial request for left knee Synvisc injection was non-certified on 12/22/10 noting that the patient has minimal objective findings on physical examination. The denial was upheld on appeal dated 01/28/11 noting that the Official Disability Guidelines recommend the procedure for patients with "significantly symptomatic osteoarthritis", and there is no clinical documentation either radiographically or clinically of osteoarthritis of the knee.

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

Based on the clinical information provided, the reviewer finds that this request for left knee Synvisc injection is not medically necessary. The patient sustained injuries to the left knee in. The Official Disability Guidelines support Synvisc injections for patients who present with significantly symptomatic osteoarthritis. The submitted physical examinations and imaging studies fail to establish the presence of osteoarthritis in this patient. The patient presents with minimal objective findings on physical examination. Given the current clinical data, upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)