

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/17/2011

**IRO CASE #:**

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

Outpatient bilateral knee Synvisc injection

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

MD, 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**

Dr. OVs 05/03/10, 05/11/10, 05./27/10, 06/03/10, 07/06/10, 08/03/10, 08/16/10, 09/02/10, 10/04/10, 01/13/10, 02./01/10

Dr. / DDE 12/30/10

Peer Reviews 01/27/11, 02/10/11

MRI right knee 05/10/10

MRI left knee 05/19/10

Operative report 06/30/10

Physical Therapy records 07/08/10 to 08/10/10

Official Disability Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male who reportedly slipped on wet concrete xx/xx/xx and twisted both knees. The records indicate that the left knee got better but the right knee did not. A right knee MRI dated 05/10/10 showed a posterior horn medial meniscal tear and subtle tear of the body of the lateral meniscus. A left knee MRI performed on 05/19/10 showed a moderate joint effusion, severe medial compartment cartilage thinning, subchondral pseudocyst formation and small medial osteophytes along with early chondromalacia of the patellar apex. A right knee operative arthroscopy, partial medial meniscectomy and chondroplasty of the medial femoral condyle and lateral tibial plateau and patellofemoral joint was performed on 06/30/10. Physician records revealed the claimant attended post-operative physical therapy and made slow progress. Examination of the right knee showed some bogginess, slight effusion and some medial pain. Both knees were noted to have posttraumatic arthritis. Outpatient bilateral knee Synvisc injection was recommended.

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

The reviewer finds there is a medical necessity for Outpatient bilateral knee Synvisc injection. This is a male. The ODG Guidelines were used which state that viscosupplementation is recommended as an option for osteoarthritis. The records clearly reflect x-rays on 05/03/10 were noted to have bilateral mild medial joint space narrowing which would be indicative of early arthritis. The MRI of the right knee obtained on 05/10/10 was felt to show a joint effusion and a meniscal tear regarding the right knee. Surgical intervention was performed on 06/30/10 consisting of a right knee arthroscopy, which included a chondroplasty of the medial femoral condyle, the lateral tibial plateau and the patellofemoral joint.

It does appear that there were evidence of degenerative changes. Chondroplasties are performed for degenerative changes. Regarding the left knee an MRI obtained on 05/19/10 showed thinning of the medial compartment cartilage of a severe nature with edema and early subchondral pseudocysts that are also noted to be small medial osteophytes. There are radiographic findings of degenerative changes. The records reflect treatment with anti-inflammatory agents, as well as therapy. The records reflect knee effusion. Viscosupplementation would be recommended based on the ODG Guidelines due to the fact that this is a young individual with degenerative changes.

**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)