

SENT VIA EMAIL OR FAX ON
Nov/09/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left Knee Synvisc Injection x 3

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 08/08/11, 10/12/11

Office visit notes and physical therapy daily progress notes dated 07/19/11, 05/24/11, 03/22/11, 09/20/11, 02/14/11, 12/13/10, 11/15/10, 10/28/10, 10/18/10, 09/20/10, 09/13/10, 08/23/10, 08/16/10, 08/09/10, 08/02/10, 07/20/10, 07/12/10, 06/21/10

Venous duplex examination left lower extremity dated 06/23/10

MRI left knee dated 10/25/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell and injured his left knee. He was doing some training as a police officer and fell over some

obstacles and hit his left knee. He had an abrasion over the patella and a large hematoma of the anterior knee and shin. The patient continued to work full duty and subsequently underwent a course of physical therapy. MRI of the left knee dated 10/25/10 revealed no definite meniscal or cruciate tear; prepatellar bursitis; diffuse subcutaneous induration and edema as well as minimal fluid at the level of the deep fascia. Follow up note dated 07/19/11 indicates that the patient underwent knee cortisone injection on 05/24/11 which relieved the pain until about 2 weeks ago. On physical examination there are no focal deficits; sensation is intact with normal reflexes, coordination, muscle strength and tone. Note dated 09/20/11 indicates that the pain is located generally around the entire knee. He notes Voltaren gel helps his symptoms. He has continued working regular duty. X-rays reportedly show worsening of his medial compartment changes. Diagnoses include contusion left knee and osteochondritis dissecans left knee.

Initial request for Synvisc injection x 3 to the left knee was non-certified on 08/08/11 noting that the request is not supported by ODG as he does not have a diagnosis of osteoarthritis. Guidelines indicate that there is insufficient evidence for other conditions including osteochondritis dissecans. The denial was upheld on appeal dated 10/12/11 noting that viscosupplementation is useful as an option for osteoarthritis where the patient has significantly symptomatic osteoarthritis but has not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies. With no significant documentation of osteoarthritis and no confirmation of osteochondritis dissecans, the requested injections are not medically necessary.

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

Based on the clinical information provided, the request for left knee Synvisc injection x 3 is not recommended as medically necessary, and the two previous denials are upheld. The Official Disability Guidelines support the performance of Synvisc injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to standard nonpharmacologic and pharmacologic treatments. The submitted records fail to establish a diagnosis of osteoarthritis in this patient and document diagnoses of left knee contusion and osteochondritis dissecans. ODG notes there is insufficient evidence for other conditions including osteochondritis dissecans. Given the current clinical data, the request is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES