



**Notice of Independent Review Decision**

**IRO REVIEWER REPORT – WC (Non-Network)**

**DATE OF REVIEW:** 09/01/11

**IRO CASE #:**

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

Synvisc One Injection – Left 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.

Synvisc One Injection – Left Knee – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Evaluation, M.D., 09/29/10, 10/21/10, 11/03/10, 11/29/10, 12/20/10, 01/24/11, 02/24/11, 04/21/11, 05/05/11, 06/09/11,
- Operative Report, Dr. 10/12/10, 04/11/11
- History & Physical, Dr. 04/01/11

- Post-Operative Visit, Dr. 07/06/11
- Left Knee MRI, M.D., 07/18/11
- Office Visit, Dr. 07/25/11
- DWC Form 73, Dr. 07/25/11
- Denial Letter, Direct, 08/15/11
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

This injured employee at the time of injury was lifting some heavy equipment with full weight-bearing on his left knee. He had a twisting injury while loading it when he slipped on some material substance. He had immediate pain and was seen primarily by Dr. and on the first evaluation on 09/29/10, he noted that there was knee tenderness, a stable knee, no joint line tenderness, and a small effusion. An initial MRI had been performed, a copy of which was not provided in the records, that showed there was meniscal pathology, as well as an osteochondral defect in the medial femoral condyle. He underwent arthroscopic debridement of the medial and lateral large meniscectomies and microfracture technique of a reportedly very large area (although the size was not given) of osteochondritis dissecans to the medial femoral condyle. Post-operatively, he did not do well and continued to have considerable pain.

Ultimately, he was taken back, the date of surgery was 10/12/10, and after about a six-month period and failure to progress, he returned to the operating room on 04/11/11 whereby he had anterior cruciate ligament reconstruction using an allograft bone-tendon-bone, as well as an allograft juvenile osteochondral implant. Post-operatively, there still was considerable pain and poor function. His latest evaluations are showing about 5/10 pain with poor weight-bearing capabilities. He has had a repeat MRI which was performed showing an intact anterior cruciate ligament graft and no significant evidence of osteoarthritis was documented in that chart.

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

The indications, as per the Official Disability Guidelines and the Peer Review Journals, show that the arthritis that has not responded to standard pharmaceutical and non-pharmaceutical management is an indication for osteoarthritis if total knee replacement is not indicated. He does fit the latter in that total knee replacement is not indicated at this point, but there is no osteoarthritis and, therefore, I do not believe that the Synvisc injection series, in particular, is indicated.

**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 (PEER REVIEW JOURNALS)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- AMA GUIDES 5<sup>TH</sup> EDITION