

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

DATE OF REVIEW: 01/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral knee injections 1 x week x 5 weeks

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

The TMF physician reviewer is board certified in orthopedic surgery with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the bilateral knee injections 1 x week x 5 weeks are not medically necessary to treat this patient's condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 01/12/12
- Texas Outpatient Non-Authorization Recommendation – 11/09/11

- Texas Outpatient Reconsideration Decision: Non-Authorization – 12/01/11
- Letters from Dr. ( office notes) – 01/05/07 to 07/26/10
- Report of MRI of Left Knee (pages 2 of 3 and 3 of 3) – 05/13/09
- Office visit notes from Sport – 08/20/10 to 01/06/12
- Operative Report by Dr. – 06/18/09
- Pre-Auth Request Form from Sports Medicine Centre, P.A. – 05/14/07, 06/20/08, 03/09/09, 04/07/09, 04/27/09, 05/01/09, 05/26/09, 09/30/09, 07/29/10, 03/28/11, 11/04/11
- Report of MRI of the left knee – 12/15/03
- Prescription for physical therapy from Dr. – 06/29/09
- Physical therapy notes – 06/29/09
- Claimant notes from insurance carrier – 05/15/07 to 12/01/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker sustained a work related injury on xx/xx/xx when she fell forward landing on her hands and knees with the knee striking first. This resulted in injury to both knees. She has undergone surgery to the left knee as well as several injections to both knees in addition to medications and physical therapy. The patient continues to complain of bilateral knee pain and there is a request for a series of Supartz injections to both knees at 1 time a week for 5 weeks.

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

This injured worker, who suffers from bilateral osteoarthritis of the knee, has undergone a number of visco supplementation treatments with the last being in May of 2011. The ODG Guidelines state that no more than 3 series of injections should be provided over a 5 year period. It appears from the medical record documentation that this patient has already exceeded the guideline limitation. Therefore, it is determined that the bilateral knee injections 1 x week x 5 weeks are not medically necessary to treat this patient's condition.

**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 (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)