

SENT VIA EMAIL OR FAX ON  
Dec/19/2011

## True Resolutions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/19/2011

**IRO CASE #:**

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

Right Knee Supartz Injections 20610 Rt 76942 Rt

**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 11/09/11, 11/23/11

Letter dated 12/05/11

Office visit note dated 03/02/07, 03/13/07, 04/05/07, 05/22/07, 06/29/07, 08/24/07, 09/14/07, 09/28/07, 10/05/07, 05/16/08, 07/08/08, 03/20/09, 11/20/09, 12/15/09, 08/22/10, 09/03/10, 09/23/11, 11/04/11

Designated doctor evaluation dated 07/23/07

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date a pipe struck the patient's right lower extremity and lacerated the skin over his left medial tibia region. This subsequently resolved and healed; however, simultaneously the right knee gave way. The patient underwent right knee arthroscopy with partial medial meniscectomy on 03/26/2007.

Designated doctor evaluation dated 07/23/07 indicates that the patient's surgical history is significant for left knee surgery, right hand surgery, right elbow surgery and right knee surgery. Diagnosis is right medial meniscus tear, patellar chondromalacia; right lateral meniscus tear, right medial femoral condyle chondromalacia. The patient was determined to have reached maximum medical improvement as of 07/23/07 with 4% whole person impairment. The patient underwent Synvisc injections on 09/14/07, 09/28/07 and 10/05/07. Follow up note dated 05/16/08 indicates that the patient reports that overall his right knee has done well with Synvisc injection therapy. It has been 6 months and he desires to pursue this again. The patient underwent right knee Synvisc injections on 07/08/08 and 03/20/09. Follow up note dated 11/23/09 indicates that the patient reports injection therapy has been very helpful and he desires to repeat this therapy. The patient underwent Synvisc injections on 11/23/09, 12/15/09, 08/22/10, 09/03/10. The patient presented on 11/04/11 for follow up of right knee pain. The patient reports that injection therapy has been very helpful in the past with symptom relief up to 6 months. On physical examination range of motion is 5-110 degrees. Anterior drawer sign is normal. Varus and valgus testing is normal. McMurray test is negative. Neurovascular status is normal.

Initial request for right knee Supartz injections was non-certified on 11/09/11 noting that the medical report failed to objectively document exhaustion of conservative treatment such as activity modification, home exercise program and physical therapy. There are no noted VAS pain scales, procedural reports of previous injections and physical therapy notes documenting lack of progress in several attempts. The response to prior injections is not substantiated including functional improvement. There is no documentation provided with regard to the failure of the patient to respond to recent evidence-based exercise program in the reviewed report. The denial was upheld on denial dated 11/23/11 noting that Official Disability Guidelines support Supartz for only significantly symptomatic osteoarthritis. There are no imaging studies documenting significant osteoarthritis in the provided records. The guidelines also state that repeat injections are only supported if there is documented significant improvement in symptoms for six months from the previous injection. There is no documentation of decrease in VAS scores or functional improvement provided in the records to be reviewed.

#### **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 Right knee Supartz injections 20610 Rt 76942 Rt is not recommended as medically necessary, and the two previous denials are upheld. The submitted records fail to establish the presence of significantly symptomatic osteoarthritis. There are no imaging studies or radiographic reports submitted for review to support this diagnosis. The patient has undergone multiple previous Supartz injections; however, the patient's objective, functional response to these procedures is not documented to establish efficacy of treatment and support additional injections. Given the current clinical data, the requested Supartz injections are 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**