

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/02/2012

**IRO CASE #:**

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

outpatient five Supartz injections for the right knee

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

M.D., 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds that medical necessity does not exist for outpatient five Supartz injections for the right knee.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

11/08/11 – MRI Right Knee

11/28/11 – Clinical Note –MD

11/28/11 – Venous Doppler

01/03/12 – Operative Report

01/11/12 – Clinical Note –MD

01/25/12 – Clinical Note –MD

02/09/12 – Clinical Note –MD

02/17/12 – Clinical Note –MD

03/01/12 – Clinical Note –MD

03/22/12 – Letter Of Reconsideration –MD

03/26/12 – Clinical Note –MD

05/22/12 – Utilization Review Determination

05/31/12 – Request For Review By An Independent Review Organization

06/08/12 – Utilization Review Determination

06/11/12 – Notice To C-IRO, Inc Of Case Assignment

06/13/12 – Prospective Review Response

**PATIENT CLINICAL HISTORY [SUMMARY]**

The claimant is a female with a history of right knee pain. MRI of the right knee performed 11/08/11 showed PCL fibers attached to an acute tibial avulsion fracture fragment. The findings were consistent with a full-thickness ACL equivalent type injury. There was associated tibial bone marrow edema present. There was a tear involving the posterior horn medial meniscus with a predominant horizontal configuration contacting the inferior articular surface. There was a subtle tear involving the anterior horn lateral meniscus. There was posterior mid capsular disruption with prominent edema/blood extending into the posterior soft tissues. There was mild grade 2 proximal fibular collateral ligament sprain without disruption. There was prominent generalized lateral patellar cartilage erosive change. The claimant underwent right knee arthroscopy with partial medial meniscectomy, chondroplasty

of the patella and trochlea, and arthroscopic lysis of adhesions of the suprapatellar pouch and patellofemoral compartment on 01/03/12. The claimant saw Dr. on 01/25/12 with complaints of right knee pain. Physical exam was not performed. The claimant was given a steroid injection to the right knee. The claimant was recommended for continued physical therapy. The claimant saw Dr. on 02/09/12 with complaints of right knee pain. The claimant reported minimal relief from the steroid injection. Physical exam revealed flexion to 100 degrees. Extension was lacking 5 degrees. The claimant was recommended for continued physical therapy. The claimant was recommended for Supartz injections. The claimant saw Dr. on 02/17/12 with complaints of right knee pain. Physical exam revealed effusion of the right knee. 10cc of clear fluid was aspirated from the right knee. The claimant was given a steroid injection to the right knee. The claimant saw Dr. on 03/01/12 with complaints of right knee pain. The claimant's medications included Mobic and Tramadol. Physical exam revealed limited extension of the right knee. There was some soreness over the posteromedial portal. The claimant was recommended for Supartz injections. A letter by Dr. dated 03/22/12 states the claimant had been unable to return to her pre-injury functional status despite physical therapy, anti-inflammatories, and intra-articular steroid injections. Dr. opined that Supartz injections would allow the claimant to return to her pre-injury functional status. The claimant saw Dr. on 03/26/12. Physical exam revealed completely healed incisions. The claimant's range of motion and strength were improving. The claimant was released to full duty and advised to follow up as needed. The request for 5 Supartz injections to the right knee was denied by utilization review on 05/22/12 as the claimant was not significantly symptomatic. The request for 5 Supartz injections to the right knee was denied by utilization review on 06/08/12 due to no documentation of lower levels of care, to include non-steroidal anti-inflammatory medications or cortisone injections. There was no diagnostic imaging reporting any significant osteoarthritis, and there were no notes from the treating provider documenting the need for Supartz injections.

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

This claimant reported continuing right knee pain despite steroid injections, NSAIDS, and physical therapy. As of 03/26/12 the claimant was released to full duty and no significant functional limitations were noted. There are no further clinical notes provided for review that demonstrate continuing significant functional limitations or evidence of severe osteoarthritis that would support the use of Supartz injections. As the clinical documentation provided for review does not support the requested based on current evidence based guideline recommendations, the reviewer finds medical necessity does not exist for outpatient five Supartz injections for the right knee.

**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)