

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: March 16, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee Supartz Injection x 5 at 1 injection per week

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:

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Utilization reviews (12/15/11, 01/16/11)
- Diagnostics (09/29/11, 10/12/11)
- Office visits (10/03/11 – 01/31/11)
- Operative report (11/29/11)
- PT (12/15/11 – 02/15/12)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on xx/xx/xx, jamming his right knee.

Following the injury, x-rays of the right knee was performed which showed a soft tissue swelling, most marked medially.

On October 3, 2011, an orthopedic surgeon, evaluated the patient for right knee complaints. noted some tenderness over the medial aspect of the knee. History was positive for swelling in the legs and feet. Examination showed positive joint

line tenderness and mild laxity with valgus stress. reviewed the x-rays and diagnosed possible medial collateral ligament (MCL) strain with meniscal pathology. provided a hinged knee brace and recommended a magnetic resonance imaging (MRI) to rule out internal derangement.

MRI of the right knee showed a mild joint effusion, grade II signal changes in the posterior horn of medial meniscus, a horizontal tear in the body and posterior horn of the lateral meniscus, partial-thickness cartilage loss with subchondral erosions and bone edema consistent with grade III chondromalacic changes and a partial-thickness cartilage loss of the medial femoral condyle.

discussed the MRI findings with the patient. Examination showed medial and lateral joint line pain and positive McMurray's. The patient was unable to bear full weight on the knee secondary to pain. injected the right knee with 8 cc of Lidocaine and 2 cc of Celestone. He prescribed Mobic and recommended considering arthroscopy if symptoms did not resolve. On follow-up, he noted that the patient persisted with the symptoms despite conservative management. He scheduled for a right knee arthroscopy and partial medial and lateral meniscectomy.

On November 29, 2011, performed a right knee arthroscopy and chondroplasty of the patella. Postoperatively, the patient continued to have pain and a mild effusion. discontinued the sutures, applied Steri-Strips and recommended physical therapy (PT) for range of motion (ROM) and strengthening. The patient was placed off work for two weeks.

On December 15, 2011, the request for Hyaluronan/Deriv Hyalgan/Supar was denied based on the following rationale: *"I was able to speak with who confirms the claimant had knee surgery on November 29, 2011. The claimant has not had steroid injections since the surgery. She states the request for Supartz injection is due to the chronic effusion of the knee. Official Disability Guidelines (ODG) would only support Synvisc/Supartz injections for claimants with significant osteoarthritis with insufficient evidence to support his injections in other conditions including patellofemoral arthritis or chondromalacia patella. The claimant's postoperative diagnosis was chondromalacia patella. The MRI only reported chondromalacia of the patella."*

From December 2011 through February 2011, the patient attended 15 sessions of PT consisting of ROM and strengthening exercises.

In the interim, noted a little bit of medial joint line pain with trace effusion. The patient was ambulating without crutches. He recommended continuing non-steroidal anti-inflammatories with Mobic and icing.

On January 11, 2012, injected the right knee with 8 cc of Lidocaine and 2 cc of Celestone.

On January 16, 2012, the reconsideration request for Hyaluronan/Deriv Hyalgan/Supar was denied based on the following rationale: *"I spoke with stated that the claimant was having problems with effusions; however, most of the swelling is now gone, but still complains of pain. I explained that Official Disability Guidelines states that there is insufficient evidence to use the*

requested injections for patellofemoral arthritis, chondromalacia patella or patellofemoral syndrome. This is a request for a reconsideration of Supartz injections for the right knee. The request was previously denied due to lack of documented evidence of osteoarthritis and lack of conservative treatment performed post arthroscopy without the diagnosis of osteoarthritis. Additional medical documentation provided for review includes a letter of reconsideration dated 01/03/12 from the treating provider noting that the claimant has had a trace effusion with medial joint line pain following the partial medial meniscectomy and arthroplasty. Supartz injections were requested at the time to lubricate as knee restores pre-injury functional status. The request for right knee Supartz injections times five is not clinically indicated at this time. The guideline states that the injections are indicated for candidates for total knee replacement and have had prior conservative treatment. The claimant does not have x-ray documented or inter-operative documentation of osteoarthritis; therefore, hyaluronic acid injections would not be indicated at this time for the claimant's diagnosis per the guidelines recommendations."

On January 26, 2012, noted that the patient still had discomfort with the knee with just basic walking. The patient was still limited in activities of daily living (ADL) concerning the right knee. Examination showed some medial joint line pain and completely healed incisions. diagnosed right knee chondromalacia with synovitis and recommended continuing PT. He opined that after the next visit, he would probably get the patient set up for maximum medical improvement (MMI).

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

The request for viscosupplementation in this setting would appear to be reasonable and appropriate. In general viscosupplementation is reserved for individuals who have documented evidence of osteoarthritis and have failed other forms of conservative treatment including corticosteroid injections. The records in this case document that this claimant has undergone arthroscopic debridement with post operative physical therapy as well as a corticosteroid injection. The findings of surgery included grade 3 chondral change which would be consistent with moderate osteoarthritis and thus based on the documentation within the records including a failure of medical management, corticosteroid injections and documented degenerative changes the claimant would qualify as a reasonable candidate for viscosupplementation.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES