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Notice of Independent Review Decision

Date notice sent to all parties: 7/17/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
in-office left knee Synvisc injection as requested CPT Codes 20610, J7325, 99213

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

Texas Licensed, 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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 6/13/13 and 6/20/13 denial letters and rationale
2. 6/18/13 Appeal/Reconsideration Acknowledgement Letter
3. 7/5/13 Prospective Review (M2) Response
4. IRO Request
5. LHL009 Request Form
6. 3/13/13 and 4/26/13 notes

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has been well documented to be injured when he fell off a truck on xx/xx/xx. He reportedly injured his left knee and had been diagnosed with osteoarthritis and internal derangement of the knee. He has undergone arthroscopic partial lateral and medial meniscectomies with patellar chondroplasty along with chondroplasty of the condyles of the left knee. This was performed in June 2010. He has also been more recently treated with medications and cortisone injections to the knee, the latter having been performed in March and April 2013. Most recently, the ongoing subjective complaints include that of knee pain with clicking and locking. Examination findings have revealed a small effusion with range of motion from 0 to 110 degrees. The records reveal in particular that the claimant was noted on 04/26/2013 to be 5 feet 9 inches with a weight of 290 pounds with an impression of primary left knee osteoarthritis. The claimant was felt to be a candidate for a Synvisc injection to the left knee most recently.

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

The claimant is clearly status post both operative attempts to treat his left knee osteoarthritis and nonoperative treatments. The former has been the arthroscopic surgery performed in which this gentleman is left with a cartilage deficit after the inherent medically necessary treatment of the torn cartilages and abnormal articular cartilage. This gentleman who has a very large body habitus and a BMI of 43 is also noted to have tried and failed the utilization of cortisone injections of the knee itself. It is at this point probable that this gentleman has at least moderate osteoarthrosis and osteoarthritis of the knee. Clearly, the knee has failed reasonable operative and nonoperative interventions and therefore applicable clinical guidelines referenced below including specifically ODG guidelines do therefore support the request for the Synvisc injection to the left knee as requested. Reference ODG guideline, knee chapter, hyaluronic acid injection.

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
- X 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
- X 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)