

# Applied Assessments LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Jun/26/2013

### IRO CASE #:

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

Synvisc One Injection to the Left Knee as an Outpatient

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

Family Practice

### 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.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes dated 01/20/12 – 04/15/13

Clinical notes dated 01/19/11 – 12/30/11

Physical therapy reports dated 09/11/10 – 02/14/12

Radiographs of the left knee dated 11/19/10

Radiographs of the bilateral knees dated 11/19/10

MRI of the left knee dated 09/24/10

MRI of the left knee dated 05/24/12

Clinical reports dated 09/10/10 – 06/05/13

Designated doctor evaluation dated 06/11/12

Impairment rating dated 03/11/13

Designated doctor evaluation dated 03/14/13

Prior reviews dated 04/16/13 & 05/14/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who initially sustained an injury on xx/xx/xx. The patient felt a pop in the left knee followed by pain. The patient has been treated extensively since the date of injury and is noted to have undergone a prior lateral meniscectomy followed by physical therapy. MRI studies from May of 2012 did identify progressive severe chondromalacia. The patient is noted to have previously had Synvisc injections provided in 2011. The patient was felt to have reached maximum medical improvement by January of 2013 per designated doctor evaluation from March of 2013. Clinical evaluation on 04/09/13 stated the patient is

pending a total knee replacement for the left knee. The patient was noted to be taking Ibuprofen at this visit. Physical examination was not provided. Follow up on 06/05/13 again recommended Synvisc injections to postpone her considered total knee arthroplasty. No additional physical examination findings were reported.

The requested Synvisc injection to the left knee was denied by utilization review on 04/16/13 as there were no updated diagnostic studies to document any findings consistent with severe osteoarthritis.

The request for Synvisc injection to the left knee was again denied by utilization review on 05/14/13 as it was indicated there were no physical examination findings to confirm degenerative changes or symptomatic osteoarthritis in the left knee.

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

Based on review of the clinical documentation, the patient has had a long history of chronic left knee pain with multiple surgical procedures. Prior imaging studies did reveal evidence of progressive chondromalacia in the left knee that was severe. Upon review of the last designated doctor evaluation he did not report any notable findings for symptomatic osteoarthritis. indicated he could not appreciate any significant effusion or crepitus with range of motion of the left knee. The additional clinical reports in April and June of 2013 did not provide further physical examination findings demonstrating clear objective findings of symptomatic osteoarthritis that would reasonably support Synvisc injections at this point in time. Given the absence of any updated clinical documentation including physical examination findings it is this reviewer's opinion that medical necessity for Synvisc injections is not established based on guideline recommendations. As such, the prior denials are upheld.

**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**