

True Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee Supartz Injections X 5

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

Board Certified Orthopedic Surgeon (Joint)

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:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes dated 12/17/12 – 02/18/13

X-rays of the left knee dated 12/13/12

MRI of the left knee dated 12/20/12

Operative report dated 01/18/13

Previous utilization reviews dated 03/05/13 & 04/04/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his left knee. The x-ray of the left knee dated 12/13/12 revealed the presence of an intermedullary rod within the femur. No evidence of acute fracture was noted. Fullness was noted within the super patella region suggesting knee joint effusion. The clinical note dated 12/17/12 details the patient stating the initial injury occurred when he stepped out of a low boy trailer at work and twisted his knee when he felt a pop and subsequent instability. The note does detail the patient utilizing crutches and a knee immobilizer. The note further details the patient utilizing Mobic for ongoing pain relief. Upon exam laxity was noted with valgus stress testing. Tenderness was noted at the medial joint line. The patient was noted to have a positive McMurray's as well as positive anterior drawer and a positive Lachman's test. The MRI of the left knee dated 12/20/12 revealed both a medial and lateral meniscus tear. A possible medial collateral ligament was also noted. Possible high grade chondromalacia was noted at the lateral femoral condyle, lateral tibial plateau, and medial femoral condyle. The clinical note dated 12/31/12 details the patient continuing with left knee pain. The patient was recommended for an arthroscopic lateral and medial meniscectomy at that time. The operative report dated 01/18/13 details the patient undergoing medial and lateral meniscus repair. The clinical note dated 01/28/13 details the patient presenting for follow up regarding the knee operation. No

signs or symptoms of infection were noted. The clinical note dated 02/18/13 details the patient continuing with no signs of a possible infection at the operative site. Soreness continued at the knee. The patient was noted to be weight bearing as tolerated with a discontinuation of the crutches.

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

The documentation elaborates the patient having previously undergone a left knee surgery to include both a medial and lateral meniscectomy. Supartz injections are indicated provided the patient meets specific criteria to include significant symptomatic osteoarthritis and the patient is noted to have not responded adequately to standard non-pharmacologic and pharmacologic treatments. No information was submitted regarding the patient's imaging studies confirming the osteoarthritic findings at the knee. Additionally, it is unclear if the patient has undergone any postoperative therapy addressing the knee complaints. Given that no information was submitted confirming osteoarthritic findings at the knee and taking into account that no information was submitted regarding the patient's completion of all conservative measures, this request does not meet guideline recommendations. As such, it is the opinion of the reviewer that the request for five left knee supartz injections is not recommended as medically necessary.

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)