



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**Date notice sent to all parties:** 3/30/2014

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of an in office Synvisc injection for the right knee.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

**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)

The reviewer agrees with the previous adverse determination regarding the

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

fell directly onto her bilateral knees on the DOI. The diagnosis was that of traumatic arthropathy. The claimant had been status post right knee arthroscopic patellar chondroplasty (along with a left knee arthroscopic procedure) as of 9/13/13. Prior treatments have been noted to include medication, cortisone injection and physical therapy. A note dated 2/4/14 revealed that the claimant had undergone a right knee aspiration and was felt indicated for Synvisc injections. The claimant complained of significant left knee pain, although the right knee was improved. Exam findings revealed left knee patellofemoral crepitus, a 2+ effusion and swelling and an aspiration was performed. Ongoing right knee "patella pain", crepitus and medial joint and Pes bursal tenderness was documented on 2/17/14.

The Attending Physician noted prior right knee intra-operatively documented significant patellofemoral chondral changes that were noted to have been debrided (as per the reviewed operative note.) Synvisc injections were considered since prior treatment efficacy had not occurred with a corticosteroid injection. Medications included NSAIDs. A bilateral knee CT scan had documented bilateral chondromalacia patellae, along with soft tissue swelling in the left prepatellar region. PT records from the fall of 2013 were reviewed.

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

Right knee Synvisc injections are not medically necessary based on applicable clinical guidelines referenced herein. The claimant has documentation of the primary and near exclusive right knee pathology as being chondromalacia patellae-patellofemoral arthrosis, along with a thickened plica. Hyaluronic acid injections such as Synvisc are not guideline-supported without at least moderate arthrosis of the medial or lateral compartment(s.) Without such arthrosis of the primary weight bearing lateral or medial compartments; the denials were appropriate and ODG supported.

ODG-Criteria for Hyaluronic acid injections:

- Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;
- Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.....Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;
- Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established.

**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**
- 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)**