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Notice of Independent Review Decision

DATE: June 18, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

In office left knee Synvisc injection.

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

The reviewer is certified by the American Board of Orthopaedic Surgeons with over 42 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured when he kept trying to keep himself from falling on xx/xx/xx.

08/29/13: MRIs Bilateral Knees reports. IMPRESSION: RIGHT KNEE: Type 2 linear degenerative signal with or without some degenerative fraying is suspected slightly more so than small inferior articular tear involving the posterior horn medial meniscus. Possible mild patellar tendinitis. Mild Prepatellar soft tissue swelling. Benign femoral condyle bone islands. LEFT: Type 2 infrasubstance linear degenerative signal of posterior horn medial meniscus appearing less conspicuous than right knee. Tear is considered very unlikely. Mild proximal patellar tendinitis. Presumed postsurgical scarring of the Hoffa's fat pad. Small suprapatellar joint effusion and small Baker's cyst. Benign bone islands. Mild-moderate Prepatellar soft tissue swelling.

09/13/13: The claimant was evaluated for bilateral knee pain, right greater than left. On physical exam of the left knee, there was no effusion; full range of motion; mild medial-sided tenderness; no instability. The right knee had trace effusion; medial joint line tenderness; negative McMurray. Neurovascularly intact. No instability. X-ray of the left knee was within normal limits. AP weight-bearing x-ray of the bilateral knees was within normal limits. MRI of the right knee showed a possible medial meniscus tear. MRI of the left knee showed a proximal tendonitis of the patellar tendon and Hoffa's fat pad, small Baker's cyst. The plan was to give it time. noted that the claimant may indeed have had meniscal pathology in the right knee. They were going to try conservative care, including ice, anti-inflammatory cream, and activity modification.

10/11/13: The claimant was evaluated for bilateral knee pain. On physical exam of the right knee, he had medial joint line tenderness with no effusion and negative McMurray. Neurovascularly intact. He was given an injection to the right knee with 40 mg Depo-Medrol and 1% Xylocaine.

10/18/13: The claimant was evaluated and noted that the right knee injection significantly helped. He was given a left knee injection of 40 mg Depo-Medrol and 1% Xylocaine. He was to try ice and remain at work.

11/04/13: The claimant was evaluated. He stated that the injections helped both knees. He still had occasional pain. On exam, he had full range of motion of the knees with no effusion. He had mild medial-sided tenderness in the left knee. He was sent for MMI and recheck prn.

03/20/14: The claimant was evaluated for bilateral knee pain, left greater than right. On exam of the left knee, he had medial joint line tenderness, patellar facet tenderness, full range of motion, and trace effusion. planned to seek approval for Synvisc One injection into his left knee.

03/31/14: UR: The guidelines require significant symptomatic osteoarthritis for consideration of Synvisc injection. The x-rays reported no evidence of osteoarthritis. The provided records do not support objective documentation of lower levels of conservative care, of nonsteroidal anti-inflammatory drugs or cortisone injection. The guidelines require less than 30 minutes of morning stiffness and for the individual to be over xx years old. Based upon medical documentation provided for review and the peer-reviewed, evidence-based guidelines, the request is not medically supported.

05/08/14: UR. RATIONALE: The previous non-certification was due to lack of evidence of osteoarthritis on imaging, the claimant's age, and lack of objective documentation of lower levels of care. The previous non-certification is supported. Additional records were not provided for review. The guidelines indicate there must be documentation that symptomatic severe osteoarthritis of the knee is present, including bony enlargement, bony tenderness, or crepitus, no palpable warmth of the synovium. The guidelines require less than 30 minutes of morning stiffness, over xx years of age. The pain should interfere with functional

activity. There should have been failure to adequately respond to aspiration injection of an interarticular steroid. The records do not reflect any interarticular steroid injections were performed and there was no documentation of palpable warmth of the synovium. The claimant is not over xx years of age, and there is no documentation of severe symptomatic osteoarthritis on x-rays.

06/04/14: Prospective review (M2) Response. maintains its position that the proposed treatment of in-office left knee Synvisc injection as requested is not medically reasonable and necessary for the treatment of the compensable injury. Review of documentation indicates that the claimant, who sustained a WC injury on xx/xx/xx. According to documentation, the claimant sprained both of his knees while trying to prevent a fall. Compensable injury is bilateral knees. The carrier has disputed other diagnoses such as osteoarthritis of the bilateral knees. Significant past medical/surgical history is unknown. The claimant's height and weight were not reported. As related to the compensable injury, the claimant was diagnosed with joint pain. Treatment has included diagnostic studies with x-rays, which apparently reported well-maintained joint space, and subsequently MRIs of the right and left knees. Documentation regarding ongoing progress in the recovery process by appropriate re-evaluations, objectively measured and demonstrated functional gains, reduction in pain, and increasing the patient's tolerance to daily activities while continuing with his home exercise program was not submitted. The provider records did not support objective documentation of lower levels of care, of non-steroidal anti-inflammatory drugs or cortisone injections. No physical therapy notes regarding the knees were submitted for review. No medical notes reporting the performance of recent corticosteroid injections to the left knee were provided. The guidelines require an individual to be over. Radiology documentation of osteoarthritis has not been noted in the recent records provided. X-rays of the knee dated 03/04/14 documented well maintained joint space. There is no documentation of severe symptomatic osteoarthritis of the knee with failed conservative treatment.

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

The previous adverse decisions are upheld. The ODG requirements have not been met. There must be documentation of osteoarthritis, which is not demonstrated in the records provided. There is no x-ray or MRI evidence of osteoarthritis. Also, the claimant is not over xx years of age. As the ODG criteria have not been met, the request for in-office left knee Synvisc injection is not medically necessary.

ODG:

Synvisc® (hylan)	Synvisc is a brand of hylan supplied by Genzyme Corporation. See Hyaluronic acid injections , where a series of three injections of Hylan or one of Synvisc-One hylan are recommended as an option for osteoarthritis.
Hyaluronic acid injections	<p>Criteria for Hyaluronic acid injections:</p> <ul style="list-style-type: none"> · 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.,

	<p>gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;</p> <ul style="list-style-type: none">· 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;· Failure to adequately respond to aspiration and injection of intra-articular steroids;· Generally performed without fluoroscopic or ultrasound guidance;· Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000)· Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above.· 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.
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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)**