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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: synvisc injection right ankle

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for synvisc injection right ankle is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury to his right ankle. The clinical note dated xxxxx indicates the patient having increased swelling at the lateral aspect of the right ankle. The patient has been diagnosed with post-traumatic arthritis. The note indicates the patient utilizing Celebrex at that time. The clinical note dated 11/14/00 indicates the patient continuing with right ankle pain. The patient described the pain as worsening as well as debilitating. The patient was able to demonstrate fairly good ankle motion. Radiographically, the patient has significant worsening osteoarthritis at the right ankle. The patient was recommended for an AFO at that time. The clinical note dated 07/15/13 indicates the patient continuing with right ankle pain. The note indicates the patient having an arch of about 20 degrees of dorsa flexion and plantar flexion as well as 20 degrees of inversion/eversion. The note indicates the patient having undergone a Cortisone injection. The clinical note dated 08/19/13 indicates the patient showing improvement following a Cortisone injection. The clinical note dated 09/25/13 indicates the patient continuing to work despite the right ankle pain. The note indicates the patient having previously undergone therapy as well as Cortisone injections as well as the use of an AFO with a rocker bottom sole. The patient rated his pain as 9/10. The clinical note dated 04/02/14 indicates the patient having undergone a Synvisc injection at the right ankle. The injection was undertaken at the anterolateral approach.

The utilization review dated 02/25/14 resulted in a denial for a Synvisc injection at the right ankle as no information was submitted regarding the patient's current participation in physical therapy or a home exercise program.

The utilization review dated 04/04/14 resulted in a denial for a Synvisc injection as no exceptional factors were identified supporting an approval outside of guideline recommendations.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient complaining of a very long history of ongoing right ankle pain secondary to osteoarthritis. Currently, no high quality studies exist supporting the use of Synvisc injections at the ankle. Most recent studies have shown that the effectiveness of the proposed treatment has not been proven. Without high quality studies supporting the safety and efficacy of the use of Synvisc injections at the ankle published in peer reviewed literature, this request is not indicated. As such, it is the opinion of this reviewer that the request for synvisc injection right ankle 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)