

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 5, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed series of 5 Supartz injections in the right knee

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
Unk	Supartz injections in the right knee		Prosp	5			Xx/xx/xx	xxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

evaluated the injured employee on xxxxx, for a follow up on the right knee. The medical note reported had been trying to get the injured employee approved for a knee arthroscopy. It was reported the MRI of the knee was sent for a second opinion to a doctor who was fellowship-trained in neuroradiology, ortho, and body. The findings were more in line with the injured employee's symptoms. The injured employee reported giving way, catching, and locking. The

injured employee could not twist or turn due to medial or lateral joint line pain and patellofemoral pain.

The medical note reported noted an osteochondral donor lesion under the patellofemoral joint as well as an osteochondral piece. On the second opinion reading, also added a horizontal oblique tear of the medial meniscus and a low-grade anterior cruciate ligament injury, although the anterior cruciate ligament was intact. Joint effusion with complexity indicated there was most likely the presence of an osteochondral loose body. also reported an osteochondral defect in the patellar femoral joint. treatment recommendations included operative intervention.

The patient underwent an operative procedure on August 28, 2013. The procedures performed were:

1. Right knee arthroscopy with partial medial and lateral meniscectomies,
2. Synovectomy,
3. Abrasion chondroplasty of the medial femoral condyle and patella,
4. Removal of osteochondral loose bodies, and
5. Instillation of platelet-rich plasma to the right knee.

At the post-surgical follow-up on December 3, 2013, it was reported the injured employee was going through therapy. opined the infrapatellar tendonitis was real and that the patellofemoral changes were real and causing a lot of guarding and apprehension. This was preventing the patient from getting back to a normal gait pattern or full-duty type of work. opined that patellofemoral stabilization exercises to address the infrapatellar tendonitis needed to be completed. The recommendations included keeping the injured employee in functional bracing for work and requesting visco supplementation for the right knee.

A Peer Review was performed December 13, 2013, and reported the requested Supartz series would not be considered reasonable or necessary based upon the Official Disability Guidelines which indicates individuals can be considered reasonable candidates for Hyaluronic acid injections if they are significantly symptomatic, osteoarthritis has not responded adequately to conservative non-pharmacologic and pharmacologic treatments, and/or are intolerant to the treatment program. The individual should have failed at least three months of conservative care.

The records in this particular case fail to document that the patient has undergone a corticosteroid injection and/or use of other medications such as anti-inflammatories. The only conservative care documented was physical therapy following the previous arthroscopic procedure. Without a better understanding of the nature of the conservative measures which have been tried, the request would not be considered reasonable or medically necessary in this setting.

re-evaluated the injured employee on January 9, 2014, for a follow-up status post knee arthroscopy. It was reported the injured employee continued to work his way through without help because everything had been denied. The physical examination demonstrated the injured employee was neurovascularly intact. There were no dermatologic or lymphatic changes. There was a decent range of motion. recommended the injured employee should be released at this time. signed a two-week form on this date. The injured employee reported feeling somewhat better.

would follow up with the injured employee on an as-needed basis and would go from there. The injured employee was found to be at Maximum Medical Improvement on this date. reported he would have liked to have seen the injured employee regain some significant strength back and would have liked to complete the anti-inflammatory with the Supartz. However, because there was still some inflammatory capsular response, the injured employee was being placed on Mobic, 7.5 mg, once by mouth, two times a day and will continue to follow on an as-needed basis. It was not felt that the injured employee needed to have anti-inflammatories approved for possible long-term use secondary to the injury.

The last medical note reported the injured employee had some improvement and the injured employee was felt to be at Maximum Medical Improvement on the January 9, 2014, clinical visit. The injured employee was placed on Mobic and would continue to follow up with the patient on an as-needed basis. There were no follow-up notes indicating if the anti-inflammatory medications had made a difference or if there had been any corticosteroid injections performed.

There was no additional medical documentation provided indicating the medical necessity of the proposed series of five Supartz injections to the right knee, also noting reported the injured employee's problems were due to the infrapatellar tendinitis. The Guidelines note these injections are not indicated for chondromalacia patella, facet joint arthropathy, costochondritis dещicans, patellofemoral arthritis, or patellofemoral syndrome.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

It is my recommendation to uphold the rationale. The Official Disability Guidelines Knee and Leg Chapter, updated January 20, 2014, which reported the criteria for Hyaluronic acid injections indicated an individual must experience significantly symptomatic osteoarthritis that has not responded adequately to conservative non-pharmacologic and pharmacologic treatments and/or are intolerant to these therapies after three months. There must be documentation of failure to adequately respond to aspiration injection of steroids. There were no follow-up notes indicating if the anti-inflammatory medications had made a difference or if there had been any corticosteroid injections performed.

Based upon the medical documentation provided for review, I uphold the previous non-certification for the proposed series of five Supartz injections into the right knee.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES