



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:**

03/20/14

**IRO CASE #:**

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

Supartz Injections Right Knee J7321 x Three, 20610 x Three

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

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Supartz Injections Right Knee J7321 x Three, 20610 x Three – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient had injured her right knee on xx/xx/xx when she fell. Soon after the fall, she started having increased pain, to the point she had to use a cane. She was initially treated with physical therapy and anti-inflammatory medications. She was later fitted for a hinged knee brace. An MRI of the right knee showed an oblique tear medial meniscus posterior body/posterior junction reaching inferior articular surface. At that point, an arthroscopy of the right knee was

recommended, which was performed on 01/28/14. The finding at surgery included a complex tear of the medial meniscus and mild grade 2 chondromalacia of the MFC. Physical therapy was again started. Supartz injections were requested due to the claimant having chondromalacia.

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

In line with the prior Peer Review findings that the records did not document evidence of high grade arthritis, that there had not been an initial steroid injection, and that the patient had just started physical therapy, the request does not meet Official Disability Guidelines criteria for hyaluronic acid injections recommended for patients having significantly symptomatic osteoarthritis with severe osteoarthritis of the knee, and having failed to respond to corticosteroid injections and failed non-pharmacological treatment, such as exercise and anti-inflammatory medications. With the current records provided not having information addressing those specific concerns, the Supartz injection is not medically necessary.

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

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