

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/12/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: synvisc injection right knee series of 3 with one week between injections

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 the reviewer that the request for synvisc injection right knee series of 3 with one week between injections is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient twisted his right knee. Note dated 09/30/13 indicates that the patient thinks physical therapy is making his knee more painful and has not been very helpful. X-rays reportedly show no acute bony findings, moderate suprapatellar effusion and significant degenerative changes. Note dated 10/07/13 indicates that the patient recently had an MRI. Patient has been working within duty restrictions. MRI reportedly showed absent medial meniscus presumably due to previous medial meniscectomy. There are advanced arthritic changes within the medial joint compartment with cartilage absence and flattening and reshaping of the subchondral bone surfaces; mild to moderate osteoarthritis with MR stage II-III patellofemoral chondromalacia and MR stage II lateral compartment chondromalacia changes are appreciated. The patient subsequently underwent corticosteroid injection to the right knee on 10/15/13. Note dated 10/18/13 indicates that the injection has begun to provide him with some relief. Note dated 11/05/13 indicates that the patient reports significant improvement after the corticosteroid injection. Follow up note dated 11/19/13 indicates that the patient would like another injection. It is noted that there was a long discussion of preexisting arthritis of the knee that is not work related. He understands that he will likely need to take this to PCP and proceed from there. Follow up note dated 11/26/13 indicates that the patient was dismissed from care. He was recommended to return to work. He did not get 3 months relief in his pain from the corticosteroid injection. On physical examination there are no sensory or motor deficits. Deep tendon reflexes are within normal limits. There is negative Homans test. There is medial and lateral joint line tenderness. There is crepitus. There is no effusion. Range of motion continues to increase. There is negative McMurray test and negative Apley test. There is no ligamentous instability.

Initial request for Synvisc injection right knee series of 3 with one week between injections

was non-certified on 12/04/13 noting that there was no documentation of severe osteoarthritic condition occurring in the right knee affecting overall functionality and not clear as to why these injections are being requested at this point and not clear what specific outcome occurred from the previous steroid injection. The denial was upheld on appeal dated 01/08/14 noting that there was a prior cortisone injection. There is persistent knee pain. There is no imaging to review. There is no indication of severity of arthritis. Therefore, the request does not meet evidence based guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained a right knee injury on xx/xx/xx and has been treated with physical therapy and steroid injection. The patient's objective functional response to the steroid injection is not documented; however, it is noted that the injection provided pain relief, and the patient was requesting a second injection. Follow up note dated 11/19/13 indicates that the patient would like another injection. It is noted that there was a long discussion of preexisting arthritis of the knee that is not work related. He understands that he will likely need to take this to PCP and proceed from there. The patient underwent MRI of the right knee; however, this study is not submitted for review. As such, it is the opinion of the reviewer that the request for synvisc injection right knee series of 3 with one week between injections 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)