

True Resolutions Inc.

An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Synvisc Injections to Right Knee in series of 3

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)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. The patient complained of right knee pain. MRI of the right knee dated 08/21/14 revealed macerated complex tear to the posterior horn of the medial meniscus. Osteochondral defect is seen about the posterior aspect of the medial femoral condyle and bone contusion to the undersurface of the medial femoral condyle. Slight chondral thinning is seen to the patellar facets, greater on the lateral patellar facets, with areas of subchondral edema. The quadriceps tendon and collateral ligaments are intact. A grade I sprain to the medial collateral ligament is seen. Note dated 09/19/14 indicates that the patient underwent a series of 7 treatments of physical therapy. The patient subsequently underwent right knee Depo-Medrol injection on 10/01/14. Note dated 10/15/14 indicates that cortisone injection only made him about 20% better. Follow up note dated 11/24/14 indicates that on physical examination the patient shows some limitation of his knee motion. There is flexion to 110 degrees with a 5 degree extension lag. There is minimal crepitus on motion. There is a knee effusion. There is tenderness to palpation at the medial joint line. There is a positive McMurray. There is no calf tenderness or ankle edema. There is no ligamentous laxity. The patient does have a limp with ambulation.

Initial request for Synvisc injections to right knee in series of 3 was non-certified noting that there are a lack of documented abnormalities on past radiographic test results of the affected knee to presently support this request to be one of medical necessity. The denial was upheld on appeal dated 11/10/14 noting that hyaluronic acid injections are recommended for patients who have documented symptomatic severe osteoarthritis of the knee. In this case, there is no evidence of arthritis with joint space narrowing, osteophytes.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injury to the right knee on xx/xx/xx. Treatment to date includes physical therapy and corticosteroid injection. The Official Disability Guidelines support hyaluronic acid injections for patients who 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., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. The patient's physical examination fails to establish the presence of significantly symptomatic osteoarthritis, and there are no updated radiographic reports submitted for review. As such, it is the opinion of the reviewer that the request for Synvisc injections to right knee in series of 3 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 and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)