

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Dec/15/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** bil knee steroid injection under radiographic guidance

**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 requested bil knee steroid injection under radiographic guidance is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** This patient is a male with knee pain. On 08/29/14, an MRI of the left knee was obtained revealing focal mild marrow edema of the lateral femoral condyle suggesting a mild marrow contusion. There was mild prepatellar soft tissue edema but there was no hematoma or joint effusion. There were intact menisci, cruciate, and collateral ligaments. On 10/10/14, a repeat MRI of the left knee revealed mild edema signal adjacent to the iliotibial band and subtle reactive marrow edema involving the anterolateral aspect of the lateral femoral condyle consistent with iliotibial band friction syndrome and there was trace joint effusion. On 11/05/14, this patient returned to clinic and he ambulated with an antalgic gait using a cane and a knee sleeve. His knees had mild effusions and he had diffused tenderness. He had full active extension with flexion to 135 degrees and he had a negative McMurray's test. There was no ligament laxity. Sensation was intact. Bilateral knee steroid injections under radiographic guidance were recommended.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 11/10/14, a notification of adverse determination was submitted in which it was documented that this patient completed 1 or 2 physical therapy treatments which was not adequate treatment to conclude that he had failed conservative treatment. Additionally, there is no indication that his pain was interfering with his functional activities. Additionally, a peer review was performed noting this patient had intractable bilateral knee pain and the reason for the request for the injections was made was that a previous injection was done in the office and it was uncertain whether it was intraarticular; therefore, fluoroscopic guidance was requested. It was noted there was insufficient objective findings to warrant the need for bilateral steroid injections and it was unknown if the patient received any pain relief with the previous injection that was given to his right knee. The request was non-certified. On 11/20/14, a notification of reconsideration determination also non-certified this request noting that the previous determination was reviewed with the treating

provider and there was no additional information provided. The 1st knee injection provided no relief. It was noted the diagnosis was a knee contusion. Therefore, the request was non-certified. The additional records provided for this review also indicate this patient has minimal findings of functional deficits to the bilateral knees and there is lack of significant diagnoses for this patient's knees. Criteria for this type of injection would be symptomatic severe osteoarthritis of the knee, with crepitus, and less than 30 minutes of morning stiffness and the patient should be over 50 years of age and a 2nd injection is not recommended if the 1st has resulted in complete resolution of symptoms or if there has been no response. Guidelines also indicate that in the knee, conventional anatomic guidance by an experienced clinician is generally adequate and guidance with ultrasound is not generally necessary for knee joint injections. As such it is the opinion of this reviewer that the requested bil knee steroid injection under radiographic guidance is not medically necessary and the recommendation at this time is for upholding the previous determinations.

**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 KNOWLEDGBASE

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)