

Envoy Medical Systems, LP
4500 Cumbria Lane
Austin, TX 78727

PH: (512) 705-4647
FAX: (512) 491-5145
IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 11/13/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
3 Synvisc Injections, RT Knee; 1x3 wks *(CPT: J7325, 20610)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Physical Medicine & Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree) <u>X</u>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

XX is a XX year old female who sustained an injury to her right knee in XX after she tripped and fell. She sustained a chondral fracture of the patella and medial femoral condyle. She underwent a right knee arthroscopy on 5/21/14. She has had cortisone injections with improvement of swelling but not pain. Most recent MRI of the knee from 10/10/13 showed no high grade chondral erosion of the medial or lateral joint compartments, but grade 3 chondromalacia of the medial patellar and medial trochlear facet and grade 2 chondromalacia of the lateral trochlear facet.

Initial peer review by XX denied the injections due to lack of documentation of current physical exam of the knee. Second peer review by XX denied the injections because there were no significant signs of arthritis on imaging.

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

Opinion: I agree with the benefit company's decision to deny the requested service.

Rationale: This review pertains to the need for hyaluronic acid injections into the right knee for this patient with known chondromalacia of the patella. Per ODG hyaluronic acid injections are recommended as a possible option for severe OA for patients who have not responded to conservative treatments to

delay total knee replacements. There must be documentation as having symptomatic severe osteoarthritis. **Injections are NOT recommended for chondromalacia patellae**, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis or syndrome, or plantar nerve entrapment. There is no documentation of any findings (x-rays, MRIs, op report, clinical exam) to support the diagnosis of severe osteoarthritis of the knee.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)