

**P-IRO Inc.**

*An Independent Review Organization*

*Phone Number:*  
(817) 779-3287

1301 E Debbie Lane Suite 102 PMB 203  
Mansfield, TX 76063  
*Email:p-iro@irosolutions.com*

*Fax Number:*  
(817) 385-9612

**Notice of Independent Review Decision**

*Case Number:*

*Date of Notice:* 05/12/2016

**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 One injection to R knee

**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 female who report a work related injury on XX/XX/XX. The mechanism of injury was not provided. The patient has previously been treated with medications, activity modification, surgical intervention, and physical therapy. The patient underwent a right knee arthroscopy with partial lateral meniscectomy and right knee arthroscopy with extensive debridement and chondroplasty on XX/XX/XX. On XX/XX/XX, the patient presented with continued complaints of right knee pain and moderately limited activities. The patient indicated she was doing her physical therapy and had 9 remaining visits. The patient's knee was progressing, but she did not feel back to her normal. The patient continued to have crepitus in the anterior knee as well as pain with squatting, pushing, and kneeling. The patient had no significant or mechanical symptoms noted. Upon physical exam, it was noted the patient had a normal gait pattern. There was no deformity, erythema, soft tissue swelling, or joint effusion noted. The patient had no ecchymosis or atrophy noted. The patient had no tenderness noted to palpation. There was no crepitus, warmth, or palpable deformity noted. She did exhibit some tenderness at the medial joint line to palpation. Left knee range of motion was normal in comparison to the right knee. Quadriceps and knee flexion strength were normal. The patient exhibited negative Apley's compression test and neurovascular exam was symmetrically intact.

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

The Official Disability Guidelines indicate the criteria for the requested hyaluronic acid injection (Synvisc injection) requires that the patient experience significantly symptomatic osteoarthritis that has not responded adequately to conservative management, both nonpharmacologic and pharmacologic treatments. The patient should also have symptomatic severe osteoarthritis of the knee which would include; bony enlargement, bony tenderness, crepitus, and has less than 30 minutes of morning stiffness. The patient should be over the age of 50 and should have failure to adequately response to aspiration and injection with intra-articular corticosteroids.

The patient is not in the recommended age range, as she is XX years old. The clinical information submitted does not provide documentation indicating that the patient has had failure of aspiration in injection of intra-articular corticosteroid. The patient does not have a documented allergy to steroids to negate the necessity for the recommended intra-articular corticosteroid injection prior to the requested Synvisc injection. Furthermore, physical examination did not provide any significant objective findings upon exam indicative of severe symptomatic osteoarthritis of the knee to support the requested injections. Given the above information, the medical necessity for the request is not established, and the request for Synvisc One injection to the right knee is not medically necessary. As such, the previous determination for the request is upheld.

***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 AHCPH-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)