

Applied Assessments LLC

An Independent Review Organization

900 Walnut Creek Ste. 100 #277

Mansfield, TX 76063

Phone: (512) 333-2366

Fax: (888) 402-4676

Email: admin@appliedassessmentstx.com

Date: 6/12/2018 1:32:18 PM CST

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Hyaluronic Acid Injections, left knee

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Orthopaedic Surgery

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with diagnoses consisting of left knee pain, left knee posterior capsular knee on XXXX. The patient underwent an MRI of the left knee on XXXX. It was noted that the medial meniscus and lateral meniscus were intact. The patient had a mild posterior capsular sprain medially. It was also noted that there are findings of chondromalacia patella, with patellar tendon-lateral femoral condyle friction syndrome and other findings indicating patellar tracking abnormality. In the clinical note dated XXXX, it was noted that the patient had delayed posterior and lateral knee pain that has been radiating down into the calf which made it difficult for the patient ambulate. The patient did not feel a pop or a shift in XXXX knee. The pain was made worse with prolonged standing, walking, and pushing as well as bending and squatting. The patient denied having locking, catching, or giving out. Upon physical examination, it was noted that the patient had +1 edema to the left lower extremity. There were no signs of effusion noted. The patient had normal reflexes. Range of motion of the left knee was normal. Strength was also noted to be normal. The patient was experiencing tenderness to the lateral joint line. McMurray's testing, Lachman's test, drawer test, patellar apprehension, and varus/valgus stress testing were negative the patient ambulated with a mildly antalgic gait. The treatment plan included for the patient undergo hyaluronic acid injections.

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

According to the American College of Rheumatology, the use of intra-articular hyaluronic acid injection are indicated for the treatment of osteoarthritis in the knee in adults who are not good candidates or who do not respond to other treatment options. However, other literature indicates that intraarticular hyaluronic acid injections are associated with high costs and potential side effects such as pain flare-ups and joint infection as well as associated with a small and clinically irrelevant benefit and an increased risk for serious adverse events. American Academy of Orthopaedic Surgeons (AAOS) noted, "We cannot recommend using hyaluronic acid for

patients with symptomatic osteoarthritis of the knee.” Furthermore, there is a lack of documentation regarding radiographic or diagnostic imaging that confirms a presence of significant and severe osteoarthritis. There is conflicting evidence regarding efficacy and medical necessity for the request in the current medical literature. While derivatives of hyaluronic acid have been used for the treatment of patients with osteoarthritis (OA), there is a lack of robust evidence demonstrating benefit. Furthermore, the patient had limited findings upon physical examination. In addition, according to Official Disability Guidelines, hyaluronic acid injections are recommended as an option for severe knee osteoarthritis for patients who have not responded adequately to conservative treatment. The criteria includes symptomatic severe osteoarthritis of the knee which includes bony enlargement, bony tenderness, crepitus, morning stiffness, and over the age of XXXX. The criteria also states that the patient must try and fail corticosteroids. There is a lack of documentation regarding the patient meeting this criteria.

As such, the request for hyaluronic acid injections for the left knee is not medically necessary and the prior determination is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
 - AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
 - MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
 - MILLIMAN CARE GUIDELINES
 - ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
 - OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
 - PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
 - PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
 - TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
 - TEXAS TACADA GUIDELINES
 - TMF SCREENING CRITERIA MANUAL
1. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee a. & Leg (Acute & Chronic), Hyaluronic acid injections
 2. American Academy of Orthopaedic Surgeons. Treatment of Osteoarthritis of the Knee (2nd Edition). OrthoGuidelines. Retrieved from <http://www.orthoguidelines.org/guideline-detail?id=1214>
 3. American College of Rheumatology. (2012). American College of Rheumatology Position Statement: Intra-articular Hyaluronic Acid Injection in Osteoarthritis of the Knee. Retrieved from <http://www.rheumatology.org/Portals/0/Files/Viscosupplementation.pdf>

4. Rutjes, A., et al. (2012). Viscosupplementation for osteoarthritis of the knee: a systematic review and meta-analysis. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22868835>
5. Deveza, L., et al. (2018). Management of knee osteoarthritis. Retrieved from: <https://www.uptodate.com/contents/management-of-knee-osteoarthritis>