INTERQUAL® CARE PLANNING CRITERIA
BIBLIOGRAPHY: Specialty Referral- Musculoskeletal, Orthopedic & Rheumatic Disorders 2017
McKesson Clinical Evidence Classification

References cited in the clinical content are classified according to the type of evidence presented. The class ratings, I through V, are intended to provide a classification of the evidence but are not necessarily hierarchical. Classifications appear in parentheses at the end of each reference. References followed by an (NC) are not classified; examples include pre-published research or information from government, manufacturer, laboratory, or patient education websites.

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<thead>
<tr>
<th>Classification</th>
<th>Type of Evidence</th>
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<td>Class I</td>
<td>Meta-analysis, technology assessment, or systematic review</td>
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Class I
Class I sources synthesize the results of multiple studies. When quantitative synthesis is possible, meta-analyses can provide a more accurate estimate of the effect or association size than individual smaller studies can. A Class I study that finds insufficient evidence to support or refute an intervention (due to a lack of appropriate primary research) is inconclusive. A potential weakness of Class I studies is that they may only assess published research, potentially leaving their findings vulnerable to publication bias.

Class II
A randomized controlled trial (RCT) is an experimental study design in which subjects are randomly assigned to an intervention or a control group. An RCT is the gold standard for testing cause and effect relationships. Intention-to-treat analysis should be performed to account for missing data points.

Class III
Observational or epidemiologic studies can suggest an association between events or findings. These associations cannot be used to establish causality. Cross-sectional, cohort, and case-control studies are all used to identify possible risk factors. Cross-sectional studies are also used to determine the prevalence of a condition. Cohort studies are used to study incidence, the natural history of a condition, prognosis after a specific exposure, and associated harms. Nonrandomized controlled trials are sometimes used when randomization is impossible or unethical.

Class IV
Evidence-based guidelines are systematically developed recommendations for clinical practice. Evidence-based guidelines identify the methodology used to gather the evidence on which the recommendations are based. Usually, a grading system for both the quality of the evidence and the strength of the recommendations is provided. Guidelines that are evidence-based may also contain consensus recommendations in areas where evidence is lacking, but these recommendations are clearly identified and appropriately graded.

Class V
Class V references may be the best information in the absence of other evidence. Expert opinion, panel consensus, literature reviews, and descriptive studies (case reports or case series) are subject to significant bias. A case series with comparison to historical controls can be plagued with missing data, and data extraction inconsistencies are common. The use of historical controls does not address how the diagnosis of disease or its treatment has evolved over time with newer technologies or medication. Text book information may be out of date by the time the book is published.
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Comparative Effectiveness Research (CER)

Citations are designated with the CER label as part of the evidence classification if the article cited is one of the following:
1. A clinical trial or other clinical study that directly compares two or more health care interventions for the same clinical scenario.
2. A systematic review that compares two or more health care interventions by synthesizing the research from previous clinical studies.

Bibliography

American College of Radiology, ACR-SPR-SSR Practice Parameter for the Performance of Radiography of the Extremities; 2014. (IV)
Arida et al. The diagnostic value of ultrasonography-derived edema of the temporal artery wall in giant cell arteritis: a second meta-analysis. BMC Musculoskelet Disord 2010. 11:44. (I)


Behm et al. Unique immunologic patterns in fibromyalgia. BMC Pathol 2012. 12:25. (III)


Canale and Campbell. Campbell's operative orthopaedics, 10th edn. St. Louis: Mosby; 2003. (V)


INTERQUAL® CARE PLANNING Bibliography: Specialty Referral- Musculoskeletal, Orthopedic & Rheumatic Disorders 2017


Dalkilic et al. The process from symptom onset to rheumatology clinic in polymyalgia rheumatica. Rheumatol Int 2014. 34(11):1589-92. (III)


Desport et al. Al amyloidosis. Orphanet J Rare Dis 2012. 7:54. (V)


Hatzenbuehler and Pulling. Diagnosis and management of osteomyelitis. Am Fam Physician 2011. 84(9):1027-33. (V)


Hauser et al. Serotonin and noradrenaline reuptake inhibitors (SNRIs) for fibromyalgia syndrome. Cochrane Database Syst Rev 2013. 1:CD010292. (I)


Kalichman and Hunter. Diagnosis and conservative management of degenerative lumbar spondylolisthesis. Eur Spine J 2008. 17(3):327-335. (V)


Khan and Hayat. Surgical excision versus aspiration combined with intralesional triamcinolone acetonide injection plus wrist immobilization therapy in the treatment of dorsal wrist ganglion; a randomized controlled trial. J Hand Microsurg 2011. 3(2):55-7. (III)


Morelli and Braxton. Meniscal, plica, patellar, and patellofemoral injuries of the knee: updates, controversies and advancements. Prim Care 2013. 40(2):357-82. (V)


North American Spine Society (NASS). Diagnosis and Treatment of Degenerative Lumbar Spondylolisthesis. Burr Ridge (IL); 2014. (IV)


Ochi et al. MRI findings of the shoulder and hip joint in patients with polymyalgia rheumatica. Mod Rheumatol 2015:1-7. (III)


Roos et al. Foot orthoses for the treatment of plantar fasciitis. Foot Ankle Int 2006. 27(8):606-611. (II)


Smith and Swanson. Giant cell arteritis. Headache 2014. 54(8):1273-89. (V)


Sweet and Blackmore. Surgical and therapy update on the management of Dupuytren's disease. J Hand Ther 2014. 27(2):77-83; quiz 4. (V)


Wise et al. ACR Appropriateness Criteria(R) on acute shoulder pain, 2010 [cited February 2015]. (IV)