

<b>Case Number:</b>	CM13-0004790		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old male who reported an injury on 09/02/2010. The patient is currently diagnosed with right ankle fracture and right Achilles tendinitis. The patient was seen by [REDACTED] on 06/21/2013. Physical examination revealed decreased range of motion. Treatment recommendations included Synvisc injections.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Synvisc injection for three (3) units to the Right Ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): s 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot chapter, Hyaluronic acid injections

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques have no proven value, with the exception of corticosteroid injection into the affected webspace in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if 4 to 6 weeks of conservative therapy is ineffective. Official Disability Guidelines state hyaluronic acid injections for the ankle are not recommended, based on recent research. As per

the clinical notes submitted, there is no evidence of a recent failure to respond to conservative treatment. There is also no evidence of significantly symptomatic osteoarthritis documented on imaging study or plain radiographs. The patient's physical examination on the requesting date of 06/21/2013 only revealed decreased range of motion. Based on the clinical information received, the request is non-certified.