

<b>Case Number:</b>	CM13-0023448		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida and Maryland. 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:

This is a 29-year-old male delivery man for [REDACTED] referred by [REDACTED] for evaluation of left ankle injury. The patient stepped in a hole while making a delivery. It was covered for a water meter. He had a twisting injury to the ankle. He was seen at [REDACTED] by [REDACTED]. The patient subsequently had surgery performed for osteochondral lesion of the talus. The patient has had persistent pain postoperatively. He has been referred to the [REDACTED] Orthopaedic Clinic for evaluation and treatment. The patient reports pain 7/10 in severity. He reports sharp, achy and throbbing pain, which bothers him all day. He is currently out of work. He is only able to be on his feet for two hours a day. He cannot lift. He reports catching, on planter flexion and dorsiflexion his ankle. He also reports swelling. He is currently taking Norco. The patient apparently was on crutches and a boot for two months after surgery. He did physical therapy as well. Medical record review, July 19, 2012, initial podiatric consultation from [REDACTED]. The patient was seen after spraining his ankle. The patient subsequently had an MRI, which showed osteochondral lesion of the talus. X-rays taken on 05/30/2012 of the left ankle show multiple calcifications in the lateral malleolus consistent with avulsions. Smaller non-rounded calcifications representative of avulsion fractures. The MRI taken on of the left ankle showing a 0.7 x 1.4 cm osteochondral lesion in the middle third of the talar dome with a subtle subchondral collapse. There may be subtle non displaced in situ osteochondral fragment. A large 1.3 corticated bone fragment partially visualized near the fibula insertion of the anterior talofibular ligament. Calcaneofibular ligament is thickened and a sprain of the deltoid ligament. On 08/06/2012 a CT scan of the left ankle showing and old avulsion fragment from the distal fibula measuring 1.3 cm, 0.6 x 0.8 cm osteochondral lesion with 0.2 to 0.3 subchondral collapse and 0.3 cm in situ osteochondral

fragment is noted at the junction between the middle and posterior third of the talar dome. Operative note dated 10/17/2012 for osteochondral defect, left talar dome, procedure performed arthroscopic repair, synovectomy, chondroplasty of the left ankle. Also excision of loose bodies an application of ankle distractor. Operative reports states chondroplasty was performed with a shaver. A fissure was noted in the cartilage of the talus. The edges were smooth. Cartilage was felt to be intact upon probing in the area of the fissure. At issue is the request for Series of 3 Orthovisc injections to the left ankle which was denied for lack of medical necessity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hyaluronan or derivative, ortovisc, for intra-articular injection, per dose:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Ankle and Foot (Acute and Chronic) (updated 12/19/13) Hyaluronic acid injections, Blue Cross Blue Shield of North Carolina American Academy of Orthopedic Surgeon Guidelines titled " Treatment of Osteo Arthritis of the Knee

**Decision rationale:** With respect to Synvisc injection, the provider has requested this medication to be injected into the left ankle. However, the USFDA approved it for the knee joint. In May 2013, the American Academy of Orthopaedic Surgeons (AAOS) published the second edition of an evidence based guideline titled, "Treatment of Osteoarthritis (OA) of the Knee." In these guidelines, the AAOS does not support the use of viscosupplementation for treatment of knee OA. This rationale is based on limitations in the literature, which include variable quality of studies, a large degree of heterogeneity in outcomes, and possible publication bias. For Synvisc injection, Official Disability Guidelines states "not recommended, based on recent research in the ankle, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. Was formerly under study as an option for ankle osteoarthritis". Therefore the request for Synvisc injection to left ankle is not medically necessary.