

<b>Case Number:</b>	CM14-0005389		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 expert 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 injured worker is a 49 year old male/female with an injury reported on 07/30/2013. The mechanism of injury was described as the injured worker was descending down a ladder and jumped off the last few steps. The clinical note dated 12/05/2013, reported that the injured worker complained of left ankle pain primarily around the medial aspect and plantar aspect. The physical examination findings reported pain with direct palpation along the posterior tibialis tendon. MRI report dated 09/24/2013 revealed an osteochondritis dissecans (OCD) measuring 6mm medial to lateral, 4 mm anterior to posterior at the medial aspect of the talar dome. The injured worker's diagnoses included diabetes, left ankle pain, left plantar fasciitis, left tarsal tunnel syndrome, and left posterior tibialis tendinitis. The request for authorization was submitted on 12/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT TALOTIBIAL INJECTION UNDER ULTRASOUND:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Hyaluronic Acid Injections.

**Decision rationale:** The request for left talotibial injection under ultrasound is non-certified. The injured worker complained of left ankle pain primarily around the medial aspect and plantar aspect. MRI report dated 09/24/2013 revealed an osteochondritis dissecans (OCD) measuring 6mm medial to lateral, 4 mm anterior to posterior at the medial aspect of the talar dome. The Official Disability Guidelines for hyaluronic acid injections to the ankle is 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. It was noted that the injured worker had experienced a great deal of pain, and was prescribed diclofenac for mild to moderate inflammation and pain, also tramadol for more severe pain; there is a lack of information provided on the efficacy of those medications on his pain. Furthermore, hyaluronic acid injections are not recommended per the guidelines. Thus, the request is not medically necessary and appropriate.

**ONE SERIES OF EUFLEXXA INJECTION UNDER ULTRASOUND GUIDANCE:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Hyaluronic Acid Injections.

**Decision rationale:** The request for one series of euflexxa injection under ultrasound guidance is non-certified. The injured worker complained of left ankle pain primarily around the medial aspect and plantar aspect. MRI report dated 09/24/2013 revealed an osteochondritis dissecans (OCD) measuring 6mm medial to lateral, 4 mm anterior to posterior at the medial aspect of the talar dome. Euflexxa is one of the hyaluronates used in viscosupplementation. Euflexxa is injected directly into the knee joint to restore the cushioning and lubricating properties of normal joint fluid. The Official Disability Guidelines for hyaluronic acid injections to the ankle is 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. It was noted that the injured worker had experienced a severe pain, and was prescribed diclofenac for mild to moderate inflammation and pain, and tramadol for more severe pain; there is a lack of information provided on the efficacy of those medications on his pain. Furthermore, hyaluronic acid injections are not recommended per the guidelines. Thus, the request is not medically necessary and appropriate.

**TWELVE SESSIONS OF PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

**Decision rationale:** The request for twelve sessions of physical therapy is non-certified. The injured worker complained of left ankle pain primarily around the medial aspect and plantar aspect. MRI report dated 09/24/2013 revealed an osteochondritis dissecans (OCD) measuring 6mm medial to lateral, 4 mm anterior to posterior at the medial aspect of the talar dome. The California MTUS guidelines recognize that active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was noted that the injured worker's left ankle pain caused functional deficit requiring crutches with ambulation. It was reported that the injured worker had undergone six physical therapy sessions with marginal improvement. It was also noted that the injured worker had experienced severe pain, and was prescribed diclofenac for mild to moderate inflammation and pain, and tramadol for more severe pain; there is a lack of information provided on the efficacy of those medications on his pain. Furthermore, the request for twelve sessions of physical therapy exceeds the guidelines recommended 8-10 visits over 4 weeks. Thus the request is not medically necessary and appropriate.