

Case Number:	CM14-0100790		
Date Assigned:	07/30/2014	Date of Injury:	08/04/2004
Decision Date:	11/05/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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 53 year old male who reported injury on 08/04/2004, related to a fall. Diagnoses included right ankle pain, left ankle pain, and probable osteoarthritis. The past treatments included physical therapy, surgery, and an ankle brace. An MRI of the unspecified ankle, dated 05/13/2014, revealed a partial tear of the anterior tibiofibular ligament, an osteochondral lesion to the anterior lateral tibia, and edema. Surgical history noted right ankle arthroscopy on 10/11/2013. The progress note dated 04/16/2014, noted the injured worker complained of increasing right ankle pain, and some left ankle pain. The physical exam revealed tenderness to palpation around the ankle, and range of motion limited by pain. Medications were not listed. The treatment plan included recommendations for an MRI of the ankle. The clinical note dated 05/21/2014, stated the MRI results were received noting significant inflammation around the previous osteochondral defect. It further noted, while there was no recurrence of the defect, the injured worker as possibly developing early posttraumatic arthritis. The provider strongly recommended a single injection of Synvisc to hopefully obtain some lasting pain relief and to have the joint protective effect. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Injection of Synvisc-One for the Right Ankle, Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a single injection of Synvisc-one for the right ankle, outpatient is not medically necessary. The injured worker had right ankle pain. The Official Disability Guidelines do not recommend the use of hyaluronic acid injections. The guidelines state, while intra-articular injections of hyaluronic acid are potentially useful to treat ankle osteoarthritis, their effectiveness has not been proven. The guidelines note a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target ankle with an interval of one week between injections may be performed should the injured worker and provider choose to perform the injections outside of the guideline recommendations. The injections should only be performed for patients with significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Patients should not be candidates for total ankle replacement or who have failed previous ankle surgery for their arthritis, such as arthroscopic debridement. There is a lack of documentation indicating the injured worker has significantly symptomatic osteoarthritis. There is a lack of documentation indicating the injured worker has significant objective functional deficits which would benefit from injections. Additionally, the guidelines do not recommend the use of hyaluronic acid injections, and there is a lack of documentation which demonstrates exceptional factors which would demonstrate the injured worker's need to receive treatment outside of the guideline recommendations. Therefore, the request is not medically necessary.