

<b>Case Number:</b>	CM14-0102965		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 48-year-old male who reported an injury of unspecified mechanism on 12/09/2010. On 02/11/2014, his diagnoses included traumatic arthropathy of the ankle and foot, pain in joint of the ankle and foot, and closed fracture of the patella. It was noted that there was a pending request for Orthovisc injections. On 05/06/2014, there was an examination of the right ankle which revealed no crepitus, erythema, or signs of infection. He was in no acute distress. The request for Orthovisc intra-articular injections 1 time a week for 3 weeks was still pending. The rationale was that clinical studies have shown improvement with regard to ankle arthritis and use of Viscosupplementation. A Request for Authorization dated 05/16/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 Orthovisc injections - Left Foot, 1 x 3 weeks: 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) Ankle

**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 Official Disability Guidelines do not recommend hyaluronic acid injections for the ankle or foot, based on recent research on the ankle plus several recent quality studies of the knee showing that the magnitude of improvement appears modest at best. They were formally under study as an option for ankle osteoarthritis. The guidelines do not support hyaluronic acid injections to the ankle or foot. Therefore, this request for 3 Orthovisc injections, left foot, 1 x 3 weeks is not medically necessary.