

Case Number:	CM14-0106336		
Date Assigned:	07/30/2014	Date of Injury:	06/14/2006
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 64-year-old male who reported injury on 06/14/2006. The mechanism of injury was not provided. The diagnostic studies were not provided, nor was the surgical history. The injured worker underwent Orthovisc injections on 01/31/2014 and on 02/05/2014. The documentation of 05/30/2014 revealed the injured worker had increasing pain and stiffness in the ankle. The documentation indicated the injured worker previously underwent Viscosupplementation injections with good results. The treatment plan was a repeat series of 3 injections. The diagnosis was left ankle arthritis post-traumatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection x3 for the Left 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 (ODG)-TWC Ankle & Foot Procedure Summary.

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 Chapter, Hyaluronic Acid Injections.

Decision rationale: The Official Disability Guidelines do not recommend hyaluronic acid injections. These recommendations were noted to be based on recent research in the ankle, plus several recent quality studies in the knee showing the magnitude of improvement appeared modest at best. It was formally under study as an option for ankle osteoarthritis. The clinical documentation submitted for review indicated the injured worker previously had hyaluronic acid injections and had good relief. There was a lack of documentation of objective functional benefit. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Orthovisc Injection x3 for the Left Ankle is not medically necessary.