

Case Number:	CM14-0120878		
Date Assigned:	08/06/2014	Date of Injury:	12/04/2007
Decision Date:	09/17/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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 53-year-old female who reported a slip and fall on 12/04/2007. On 02/04/2014, her diagnoses included status post left ankle trauma, internal derangement of the left ankle, contusion to the left ankle, reflex sympathetic dystrophy of the left ankle, and left ankle chronic pain. On examination, her left ankle showed swelling on the lateral aspect with purplish discoloration associated with chronic reflex sympathetic dystrophy. The injured worker stated that her pain had not increased or decreased but due to lack of pharmaceutical control she did have pain. She stated that her problem has not increased since her previous visit of an unknown date. Her treatment plan included a request again for authorization for medical clearance for intra-articular injection into the left ankle. There was no rationale or request for authorization 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:

1 Injection of allograft membrane for intra articular application under sedation Between 4/15/2014 and 8/14/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PERCUTANEOUS LATERAL LIGAMENT RECONSTRUCTION WITH ALLOGRAFT MAY BE A USEFUL METHOD AS A SALVAGE PROCEDURE FOR THE TREATMENT OF SEVERE AND COMPLICATED

TYPES OF CHRONIC LATERAL ANKLE INSTABILITY. (YOUN, 2012).*THE OFFICIAL DISABILITY GUIDELINES, ANKLE & FOOT (ACUTE & CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg, Amniotic membrane allograft (AmnioFix).

Decision rationale: Per the Official Disability Guidelines, amniotic membrane allograft is not recommended. There are no published studies in peer reviewed journals. Amniotic membrane has been utilized as facilitative when healing in various fields, including lower extremity ulcers, to treat burns and gynecological surgery. Additionally, no body part for the requested injection was specified in the request. The clinical information submitted failed to meet the evidence based guidelines for allograft membrane injection. The request is not medically necessary.