

<b>Case Number:</b>	CM14-0123469		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/14/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 55 year old female with a work injury dated 9/14/13. She has ankle pain following a calcaneal fracture and peroneal longus avulsion fracture after being run over by a vehicle at work on 09/14/13. The diagnoses include fracture of the right calcaneus, osteochondral lesion of the talus, tenosynovitis of the posterior tibial tendon, degenerative changes of the accessory medial navicular, retro calcaneal bursa. Under consideration is a request for a series of 5 Supartz injections to the right ankle. There is a primary treating physician report dated 8/14/14 that states that the patient continues to have substantial right foot/ankle pain and requires a cam walker. The patient was evaluated today. She continues to have problems with her right ankle and is using the cam walker. She is using the Terocin patches with good effect. She is requesting replenishment. This was provided. She is disappointed that the utilization review company found reason to disapprove five Supartz injections despite having been provided with documentation from the vendor in respect to the potential success compared to open surgery. As a result of the non-certification we discussed her other options which may include surgery or living with the problem if Supartz cannot be provided. Before agreeing to anything further, she wishes to consult with her attorney. The article discussing Supartz injections to the ankle was provided for her usage. She remains TID based on credible symptoms and objective findings. A 7/10/14 progress note states that the patient has had a recent MRI and had significant objective findings which are in accordance with her complaints of pain. The patient's MRI revealed a large osteochondral defect on the medial aspect of her talus which is worsened by her gait pattern after injury. She has tenosynovitis of the posterior tibial tendon. There are accessory changes of the medial Navicular . There is fluid within the retro calcaneal bursa on the Achilles/calcaneus. The patient is credible and still in pain. She is using her Cam

walker. Based on the MRI the provider is recommending ankle in the hope that this would cure her or relieve her symptoms without an ankle surgical procedure. She is willing to try accordingly, authorization for provision of Supartz IM injections to the ankle, five, is now requested. Her work status is unchanged. She cannot do her full duties secondary to her objective findings. Her disability has been extended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Series of 5 Supartz injections to the Right 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: Hyaluronic Acid Injections

**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:** Series of 5 Supartz injections to the right ankle are not medically necessary per the MTUS and ODG guidelines. The MTUS does not address hyaluronic injections. The ODG states that for the ankle hyaluronic acid injections are not recommended. The ODG states that intra-articular injection of hyaluronic acid may decrease symptoms of osteoarthritis of the knee, and possibly the ankle. While intra-articular injections of hyaluronic acid are potentially useful to treat ankle osteoarthritis, their effectiveness has not been proven. The ODG state that larger trials with longer follow-up are necessary for more definite conclusions. Without the support of the current guidelines in the MTUS or ODG, the request for a series of 5 Supartz injections to the right ankle is not medically necessary.