

Case Number:	CM14-0150483		
Date Assigned:	09/18/2014	Date of Injury:	01/13/2008
Decision Date:	11/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/15/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 46 year old female with a date of injury on 1/13/2008. The mechanism of injury was not documented. Past surgical history was positive for open reduction and internal fixation left ankle in January 2008 with subsequent hardware removal in March 2009, and left ankle arthroscopic debridement with excision of bone spur and scar tissue left foot and ankle on 2/7/11. The 12/14/13 left ankle magnetic resonance imaging (MRI) impression documented prior fracture of the distal fibula associated with evidence of prior plate and screw fixation. There was mild degenerative arthritis involving the dorsal portion of the 2nd tarsometatarsal articulation with minimal subchondral edema and small dorsal osteophytes. The talar dome was normal. There was a remote complete tear of the anterior talofibular ligament. Post-surgical changes were also noted in the posterolateral aspect of the calcaneus. There was micro-metal artifact within the anterior portion of the deltoid ligament at the level of the anterior colliculus of the medial malleolus with possible small ossicles in this region. The 8/5/14 orthopedic report indicated that the injured worker had grade 3/10 left ankle pain. She was having a hard time fitting her orthotics into her shoes but had just obtained an extra-depth shoe. A physical exam documented mildly antalgic gait during the first 5 steps after arising from a seated position but then it became just a wide-based gait with shoes on. She had a hallux valgus on the right, mild on the left. Swelling was slightly decreased. There was tenderness to palpation over the left posterior tibial tendon. There was 4/5 inversion strength bilaterally. Left dorsiflexion and plantar flexion were 5/5. Arch dynamics were slowed bilaterally. She was able to go up on her toes, but not able to perform a single leg heel rise on either side with more discomfort on the left. The diagnosis included fragmented bone at the tip of the medial malleolus with mild degenerative changes in this location, mild posterior tibial tendon tenosynovitis, partial tear of the Achilles tendon, and mild tendinosis of the peroneal tendons. The treatment plan requested authorization of a series of

three hyaluronic acid injections to the left ankle to improve the quality and quantity of the glycosaminoglycans in the matrix of the cartilage in the synovial tissue, improve the nutritional status of the chondrocytes and the properties of the cartilage, and increase the ability of the molecule to hold water and be hydrophilic. The treating physician was waiting to make the injured worker permanent and stationary until she underwent the hyaluronic acid injections. The possibility of an ankle arthroscopy and possible bone marrow aspirate was opined. The 9/11/14 utilization review denied the request for hyaluronic acid injections to the left ankle as there was no evidence based medical guideline support for use in the ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronic Acid Injections times three for the left ankle #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter

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 California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for hyaluronic acid injections. The Official Disability Guidelines do not recommend these injections for the ankle, based on recent research in the ankle. Hyaluronic acid injections for the ankle were formerly under study. Injured worker selection criteria are provided for hyaluronic acid injections if the provider and payor agree to perform despite non-recommendation. Indications for use is limited to injured workers with significantly symptomatic osteoarthritis who have not responded to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies, and are not candidates for total ankle replacement or who have failed previous ankle surgery for their arthritis. Guideline criteria have not been met. There is no current radiographic or imaging evidence of osteoarthritis or clinical documentation of significantly symptomatic osteoarthritis. There is no compelling reason to support the medical necessity of hyaluronic acid injections in the absence of guideline support. Therefore, the request is not medically necessary.