MAXIMUS Federal Services

Case Number:	CM14-0044707		
Date Assigned:	07/02/2014	Date of Injury:	01/13/2008
Decision Date:	08/26/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/11/2014

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 & 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 46-year-old female who reported an injury on 01/13/2008 due to unknown mechanism. The injured worker's diagnoses were status post open reduction internal fixation (ORIF) of the left ankle with subsequent hardware removal, status post left ankle arthroscopic debridement with excision of bone spur, scar tissue on the left foot and ankle, left knee strain, mild posterior tibial tenosynovitis, partial tear of the Achilles tendon, mild tendinosis of the peroneal and patellofemoral syndrome. The injured worker's prior treatment included orthotics and medications. The injured worker's surgical history was status post-surgery on 02/07/2011 for the left ankle arthroscopy with extensive debridement, ostectomy removal of fragment, and posterior tibial tendon repair, an open reduction internal fixation (ORIF) of the left ankle in 01/2008 with subsequent metal removal in 03/2009. The injured worker's diagnostics was an MRI of the left ankle and hind foot dated 12/14/2013. The injured worker complained of left ankle pain. On physical examination dated 04/29/2014, there was tenderness to palpation of the orthoposterior tibial tendon on the left but no evidence of infection or deep venous thrombosis. The injured worker has 5/5 strength and dorsiflexion, plantar flexion and eversion but 4/5 inversion. The injured worker's medications were cyclobenzaprine, Norco, and Prilosec. The provider's treatment plan was for an x-ray of the ankle on return and hyaluronic acid injections to the left ankle. The rationale for the request was not submitted with documentation. The Request for Authorization form dated 04/24/2014 was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronic acid injections to 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, Foot and Ankle chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Hyaluronic acid injections.

Decision rationale: According to the Official Disability Guidelines, hyaluronic acid injections are not recommended based on recent research in the ankle plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. The patient selection and criteria for ankle hyaluronic acid injection if provided and payee agrees to perform anyway are a series of 3 to 5 intra-articular injections of hyaluronic acid which is 3 injections of Hylan in the target ankle with an interval of 1 week between injection indicated for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatment or is intolerant of these therapies, are not a candidate for total knee replacement or who have failed previous ankle surgeries for their arthritis such as arthroscopic debridement and repeat series of injections if relief for 6 to 9 months and symptoms reoccur it may be reasonable to do another series, recommended nor more than 3 series of injections over a 5 year period. Because effectiveness may decline, this is not a cure for arthritis but only provides comfort and functional improvement. The injured worker complained of pain to the left ankle and has had an open reduction of internal fixation to the left ankle with debridement and excision of bone spur and scar tissue in the left foot and ankle. The clinical records lacked documentation of the injured worker experiencing any significantly symptomatic osteoarthritis as well as no documented any standard nonpharmacologic treatment or intolerant of therapies. There was an MRI performed on 12/14/2013; however, no report provided to support osteoarthritis. In addition, there was no clinical documentation of the injured worker being a candidate for a total ankle replacement or having a failed previous ankle surgery for their arthritis. According to guidelines, hyaluronic acid or Hylan for the ankle is not recommended by ODG. As such, the request is not medically necessary.