

Case Number:	CM14-0057010		
Date Assigned:	07/09/2014	Date of Injury:	12/09/2010
Decision Date:	10/22/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational Medicine 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 patient is a 48 year-old male with date of injury 12/09/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/17/2014, lists subjective complaints as right ankle pain. Objective findings: No physical examination was documented. Patient was wearing a brace on the left knee as well as a brace on the right ankle. No change in alignment. No signs of infection. The patient was recommended viscosupplementation series based on his MRI findings on 10/14/2013. MRI demonstrated osteochonral lesions of the talus as well as bony infarct and degenerative changes. The patient is not a candidate for an ankle replacement or ankle fusion. Patient has maintained range of motion. Diagnosis: 1. Traumatic arthropathy of ankle and foot, left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections to the left foot x 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 (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) Knee & Leg (Acute & Chronic), Hyaluronic acid injections

Decision rationale: The Official Disability Guidelines state that hyaluronic acid injections are not recommended for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The request is for injections to the foot. Orthovisc injections to the left foot x 3 are not medically necessary.