MAXIMUS Federal Services

Case Number:	CM14-0060178		
Date Assigned:	07/09/2014	Date of Injury:	11/23/1998
Decision Date:	09/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/01/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 56 year-old individual was reportedly injured on November 23, 1998. The mechanism of injury is noted as occurring from a fall off of a ladder. The most recent progress note, dated June 19, 2014, indicates that there are ongoing complaints of ankle pain. A physical examination was not performed on this visit. The most recent exam is from the March 19, 2014 document which consists of a single line. "On exam today, the right ankle has a moderate degree of trepidation, Mark decrease in range of motion." Diagnostic imaging studies objectified posttraumatic osteoarthritis of the ankle with evidence of previous subtalar fusion. Previous treatment includes oral medications, subtalar fusion, and aquatic therapy. A request had been made for Viscosupplementation injections for the ankle and was not certified in the pre-authorization process on April 4, 2014. Additionally, the clinician requested blood work, but did not indicate what specific labs were being requested, the reviewer modified this to represent a CBC and chemistry panel in accordance with the MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Trial of Viscosupplementation Under X-Ray control: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Index, 12th edition, 2014, Ankle and Foot 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: This topic is not addressed by the MTUS or ACOEM. The ODG specifically recommends against the use of this injection in the ankle. Exceptional factors warranting deviation from the guidelines have not been provided. As such, the requested injection is considered not medically necessary and recommended for noncertification.

NSAID (non-steroidal anti-inflammatory drugs) Blood Work: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: The MTUS supports the use of a CBC and a chemistry panel for individuals that are chronically utilizing NSAIDs. Based on the clinical documentation provided, the claimant is currently utilizing anti-inflammatories and laboratory work is medically indicated. However, the clinician does not specify which labs were being requested and the reviewer appropriately modified the request to include CBC and chemistry panel. Without further indication from the clinician as to what laboratory work is being requested, the request as submitted is considered not medically necessary.