

Case Number:	CM14-0087327		
Date Assigned:	07/23/2014	Date of Injury:	06/29/1988
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 Pain Medicine and is licensed to practice in Ohio and 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 injured worker is a 72-year-old male who reported injury on 06/29/1988. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of post-trauma degenerative joint disease to the right knee and bilateral ankle injuries post-traumatic arthritis. The past medical treatment for the injured worker includes surgery, injections, physical therapy, and medication therapy. Diagnostics to date include x-rays. It is not documented in the submitted report what was x-rayed or the date of x-ray. It is not noted in the submitted reports when surgery occurred and what was done. The injured worker complained of right ankle pain and right knee pain. He stated that the pain is so bad that it kept him up at night. There was no measurable level of pain documented in the submitted report. The physical examination dated 06/23/2014 of the right ankle revealed a dorsiflexion of 15 degrees out of 15 degrees, plantarflexion 40 degrees out of 40 degrees, eversion of 20 degrees out of 20 degrees, and inversion of 35 degrees out of 35 degrees. The examination also revealed that there was no crepitus or abnormal sounds with motion. There was tenderness at the lateral joint line. Sensation/motor was 5/5. The anterior drawer test was negative and there was no lateral ligamentous laxity. Medications for the injured worker include Naprosyn 500 mg 1 tablet 2 times a day and Vicodin 5/325 mg 1 tablet every 4 hours to 6 hours as needed. The treatment plan for the injured worker consists of 3 Synvisc injections for the right ankle. The rationale for the request is that, without the Synvisc injections, the injured worker is in constant pain. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Synvisc 3 injections for 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 (ODG) does not recommend this treatment for ankle conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ANKLE, HYALARONIC ACID INJECTIONS.

Decision rationale: The request for Outpatient Synvisc 3 injections for the right ankle is not medically necessary. The injured worker complained of right ankle pain and right knee pain. He stated that the pain is so bad that it kept him up at night. There was no measurable level of pain documented in the submitted report. According to ODG, Hyaluronic (Synvisc) 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. Was formerly under study as an option for ankle osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid may decrease symptoms of osteoarthritis of the knee, and possibly the ankle. This double blind, randomized, controlled study examined the safety and efficacy of intraarticular sodium hyaluronate (Hyalgan) in the treatment of pain associated with ankle osteoarthritis (OA), and concluded that this may be a safe and effective option for pain associated with ankle OA, although larger studies are needed. As per the ODG, hyaluronic acid or Hyalgan for the ankle are not recommended. There was no evidence submitted as to a diagnosis of severe osteoarthritis in the injured worker's right ankle. The submitted report lacked pain levels of the injured worker's right ankle as well. The progress note submitted on 06/23/2014 revealed that there was no crepitus or abnormal sounds with motion. The report did reveal tenderness at the lateral joint line, but there was a negative anterior drawer test and no lateral ligamentous laxity. As such, the request for Outpatient Synvisc 3 injections for the right ankle is not medically necessary.