

<b>Case Number:</b>	CM14-0204642		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old male who was injured on 5/14/2008. The diagnoses are osteochondritis dissecans, status post left ankle tendons repair and left ankle pain. The 2014 MRI of the left ankle showed healed osteochondral injury to the talar bone with normal alignment. An X-ray was noted to show arthritis of the left ankle. The past surgery history is significant for repair of left ankle tendons and nerves. The patient completed PT and acupuncture treatments. On 11/11/2014, [REDACTED] noted subjective complaint of severe low back pain. The examination of the left ankle showed a well healed scar with some residual pain, swelling and tenderness. There was tenderness over the Sural nerve but no findings of CRPS. The range of motion was decreased. The muscle tone and reflex was noted to be normal. The medications listed are Norco, topical products and NSAIDs. A Utilization Review determination was rendered on 11/21/2014 recommending non certification for Synvisc injection to left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection therapy to the left ankle, 1 box of 3 injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Hyaluronic acid

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Hyaluronic acid products can be utilized for the injection to severe degenerative joint disease. The guidelines recommend that the injection can be utilized as an alternative to delay or avoid knee surgery. The records indicate that the patient completed left ankle surgery in 2014 for the repair of tendons and nerve injuries. There are objective findings of post-surgical residual tenderness and edema. The guidelines did not recommend the use of Synvisc injections for the treatment of post injury arthritis changes of the ankle joint. The criteria for the use of Synvisc injections- 1 box / 3 injections to left ankle were not met.