

<b>Case Number:</b>	CM14-0215314		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	02/20/1997
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 69-year-old female, with a reported date of injury of 02/20/1997. The diagnoses include right ankle degenerative joint disease. Treatments included Synvisc One injection to the right ankle. The medical report dated 11/18/2014 indicates that the injured worker had a good response to the Synvisc injection to her right ankle, which had worn off. The injured worker now had recurrent ankle pain and discomfort. It was noted that conservative treatment had been very beneficial for the injured worker, and deferred the need for further orthopedic intervention. The treating physician requested a repeat Synvisc One injection to the right ankle. On 12/02/2014, Utilization Review (UR) denied the request for a repeat Synvisc One injection to the right ankle, noting that the effectiveness of hyaluronic acid injection in joints other than the knee, including the ankle has not been established. The non-MTUS Official Disability Guidelines were not cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle Synvisc One injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

**Decision rationale:** The Official Disability Guidelines contain numerous criteria which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. However, the request is for injection of the right ankle. The ODG states in this section that hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or 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. Right ankle Synvisc injection is not medically necessary.