MAXIMUS Federal Services

Case Number:	CM15-0100218		
Date Assigned:	06/02/2015	Date of Injury:	06/03/2013
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: Orthopedic Surgery

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 55 year old male, who sustained an industrial injury on June 3, 2013. The injured worker was diagnosed as having left ankle arthritis and foot/joint pain. Treatment to date has included medication. A progress note dated April 7, 2015 provides the injured worker complains of weakness pain and stiffness of the left ankle. Physical exam notes painful passive range of motion (ROM). Magnetic resonance imaging (MRI) was reviewed revealing arthritic findings. It is noted he is not presently a candidate for fusion or replacement. The plan includes Orthovisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection with ultrasound guidance x 3 left 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), Ankle & Foot Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Viscosupplementation.

Decision rationale: CA MTUS/ACOEM is silent on the issue of viscosupplementation. According to the ODG, Ankle and Foot, Viscosupplementation is not recommended for the ankle. As the guidelines do not support this injection for the ankle, the determination is not medically necessary.