

Case Number:	CM15-0105005		
Date Assigned:	06/09/2015	Date of Injury:	07/29/2013
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/01/2015

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: Physical Medicine & Rehabilitation

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 38 year old male who sustained an industrial injury on 07/29/2013. Treatment provided to date has included: physical therapy (12), injections, medications, right ankle surgery (2), and conservative therapies/care. Diagnostic tests performed include: x-rays of the right ankle showing very minor anterior distal tibia osteophyte and a broken screw with the proximal section removed. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/13/2015, physician progress report noted complaints of right ankle pain. Pain is rated as 4 (0-10) and described as improving, but become worse with walking and better with rest. The injured worker reported that he was no longer taking medication for the pain. The injured worker reported that he had completed 12 sessions of physical therapy and reported that they were not of significant help. The physical exam revealed an antalgic gait, mild right ankle swelling, tenderness to palpation of the anterior lateral aspect of the right ankle, and restricted and painful range of motion of the right ankle. No other abnormalities were noted. The provider noted diagnoses of right ankle tri-malleolar fracture dislocation-status post open reduction internal fixation, right peroneal neuropraxia secondary to dislocation, and right ankle early arthrosis with impingement- status post arthroscopic debridement/synovectomy (01/13/2015). Plan of care includes a visco supplementation series of 3 injections with Orthovisc to the right ankle. The injured worker's work status was noted as modified/restricted. Requested treatments include Visco supplementation series of 3 injections with Orthovisc to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation series of three injections with Orthovisc to the right ankle x 3:

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 and foot procedure summary, hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Ankle/ Foot Chapter 14, (Hyaluronic Acid or Hylan) Injections, pages 371, 376.

Decision rationale: Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ACOEM noted Hylan injections to be under study as an option for ankle osteoarthritis, currently does not recommend Hylan injections 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. ODG states viscosupplementation is under study for the treatment of the ankle OA; however, criteria for consideration reserved in patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); are not candidates for total ankle replacement or who have failed previous ankle surgery for their arthritis, such as arthroscopic debridement, none demonstrated here. Guidelines noted the only published trial concluded that viscosupplementation for the treatment of post-traumatic osteoarthritis of the ankle provided only slight, short-term pain relief and a very limited decrease in activity impairment. Additionally, viscosupplementation after 6 months showed no noticeable beneficial effects in any of the injected joints. Studies conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions for the ankle joint. Submitted reports have not demonstrated clear supportive clinical findings or imaging to support for the injection outside guidelines criteria. The Viscosupplementation series of three injections with Orthovisc to the right ankle x 3 is not medically necessary and appropriate.