

<b>Case Number:</b>	CM15-0198838		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 50 year old male, who sustained an industrial injury on 8-31-2007. The injured worker was diagnosed as having fracture of the ankle, oblique of the right malleolus and two ankle surgeries and one foot surgery in the past. Treatment to date has included diagnostics, multiple right ankle-foot surgeries, cortisone injection right ankle 7-20-2015, and medications. On 8-25-2015, the injured worker complains of infection to his right ankle from injections provided to the ankle, still having one area of open wound along the outer ankle. He was receiving intravenous antibiotics and was not having fever. His past medical history noted hypertension and pre-diabetes. His work status was "off work" and he was in a wheelchair. Exam of the right ankle noted no major swelling and no skin slough or "erythema of significance". X-ray of the right ankle (9-08-2015) showed small plantar enthesophyte and generalized osteopenia. The treatment plan included Hyalgan injection to the right ankle (after infection heal), non-certified by Utilization Review on 9-09-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan Injection, 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) Ankle & Foot (updated 6/22/15), Online Version, Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

**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 non-pharmacologic 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 recommend 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 Hyalgan Injection, right ankle is not medically necessary and appropriate.