

<b>Case Number:</b>	CM15-0198868		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/11/2015
<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 57 year old female, who sustained an industrial injury on 10-19-10. The documentation on 9-2-15 noted that the injured worker has complaints of left ankle pain. The documentation noted that since the injured workers last evaluation of 8-26-15 she has not taken the relafen one tablet every 2 weeks when it really hurts as she ran out and felt in the long term the injection helped as did the glucosamine obtained. Left foot and ankle examination reveals tenderness over lateral malleolar tip and she has a mild left lower extremity limp. The injured worker is tender anterior medial joint. Left ankle X-ray on 7-22-14 revealed anchors medial and lateral malleolus with narrowing of medial tibial talar joint space versus laxity of the anterior and posterior talofibular ligaments and spurs are present over the anterior and posterior achilles tendon. Left foot X-ray on 7-22-14 was within normal limits. The diagnoses have included degenerative joint disease left ankle. Treatment to date has included cortisone left ankle injections; glucosamine; cartivisc; prilosec; promolaxin and relafen. The original utilization review (9-11-15) non-certified the request for viscosupplementation #1 for the left ankle and purchase of bilateral arch orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation #1 for the 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), Foot and Ankle.

**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. Guidelines 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 Viscosupplementation #1 for the left ankle is not medically necessary and appropriate.

**Purchase of bilateral arch orthotics:** 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), Foot and Ankle - Orthotic devices.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthosis, page 7.

**Decision rationale:** Per Guidelines, orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with diagnoses of plantar fasciitis and metatarsalgia not evident here. Additionally, shoe modification may be an option in the conservative care for ankle fusion, non- or malunion of fracture, or traumatic arthritis with objective findings on imaging and clinical exam; however, not identified here. Submitted reports

have not clearly demonstrated any of the above pertinent diagnoses nor shown remarkable clinical findings to support the orthotic request. The Purchase of bilateral arch orthotics is not medically necessary and appropriate.