

Case Number:	CM15-0206989		
Date Assigned:	10/23/2015	Date of Injury:	04/30/1962
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 75 year old male who sustained an industrial injury on 4-30-1962. A review of medical records indicates the injured worker is being treated for Lisfranc fracture dislocation, pes planus, hammertoes of two, three, and four right, subluxation second metatarsophalangeal joint right foot, and gross degenerative changes. Medical records dated 9-1- 2015 noted pain that has moved to the top of his foot. It was noted he had some cartilage remaining in his ankle joint and would benefit from Hyaluronic acid injection. Physical examination noted decreased range of motion to the right ankle. There was mild tenderness to palpation over the posterior tibial tendon and under the second metatarsal head with a prominent second metatarsal head and mildly under the third metatarsal head with a diffuse callus. Treatment has included medical imaging and medications. Utilization review form dated 9-22- 2015 noncertified 3 series of Hyaluronic acid injections to be given 1 week apart.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 series of hyaluronic acid injections, to be given 1 week apart: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle, hyaluronic acid injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does not recommend hyaluronic acid injections for the treatment of ankle pain due to minimal benefit over placebo. There is also no documentation of failure of all first line conservative therapies for ankle pain. Therefore, the request is not medically necessary.