

Case Number:	CM15-0022258		
Date Assigned:	03/24/2015	Date of Injury:	06/14/2013
Decision Date:	05/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 39-year-old who has filed a claim for chronic foot and toe pain reportedly associated with an industrial injury of June 14, 2013. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve a request for Orthovisc (viscosupplementation) injections to the foot. Progress notes of November 19, 2014 and November 21, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On November 21, 2014, the applicant reported ongoing complaints of foot pain, more pronounced at the 4th and 5th distal phalanges. The applicant was off of work, it was acknowledged. Work restrictions were endorsed effectively resulting in the applicant's removal from the workplace. Unspecified medications, including Motrin, were renewed. Acupuncture was endorsed. The applicant's primary treating provider (PTP) stated that he was endorsing the orthosis and injections apparently recommended by the applicant's podiatrist. In an October 7, 2014 progress note, the applicant's podiatrist gave the applicant diagnosis of neuromas and metatarsalgia. Injection therapy about the second and third interspaces was proposed, along with foot orthotics. An associated RFA form, however, did seemingly state that the injections being sought were in fact viscosupplementation injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthovisc Injections To The Right Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Ankle and Foot > Specific Diagnoses Recommendation: Hyaluronic Acid Injections for Acute, Subacute, or Chronic Ankle Sprain There is no recommendation for or against the use of hyaluronic acid injection for the treatment of acute, subacute, or chronic ankle sprains. Strength of Evidence - No Recommendation, Insufficient Evidence (I).

Decision rationale: No, the request for Orthovisc (AKA hyaluronic acid) injections to the right foot was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of Orthovisc (viscosupplementation) injections to the ankle or foot. However, the Third Edition ACOEM Guidelines Ankle and Foot Chapter notes that there is no recommendation for or against usage of hyaluronic acid injections for acute, subacute, or chronic ankle/foot pain, latter of which was seemingly present here. It is further noted that the attending provider's documentation was incongruous. The attending provider reported on October 7, 2014 that he was seeking cortisone injection therapy for neuromas of the bilateral feet. An undated RFA form attached to the same, however, went on to seek Orthovisc injection therapy. The request, thus, is not indicated both owing to (a) attending provider's internally incongruous/ internally inconsistent reporting as to what was requested and (b) the tepid ACOEM position on the article at issue. Therefore, the request is not medically necessary.