

Case Number:	CM15-0025497		
Date Assigned:	02/18/2015	Date of Injury:	07/19/2012
Decision Date:	04/09/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 56-year-old female with a cumulative trauma industrial injury dated 10/10/2011 to 07/07/2012 which resulted in injury to the left ankle/foot. Diagnoses includes plantar fascia release of the left foot, plantar fascia tear of the left foot, lateral ligament tear, posterior tibial tendon tear, osteochondritis dissecans of the left ankle, left ankle sprain/strain, painful gait, status post left ankle arthroscopic surgery, and status post plantar fascial release of the left foot. Diagnostic testing has included MRI of the left foot/ankle. Previous treatments have included conservative measures, medications, left ankle surgery, and physical therapy. A progress note dated 01/06/2015, reports continued pain to the left ankle/foot and difficulty with weight bearing activities. The objective examination revealed normal vascular, dermatological, neurological and motor examinations, painful and restricted range of motion, and crepitus to the left ankle. The treating physician is requesting Synvisc injection therapy (1 treatment, 3 syringes) which was denied by the utilization review. On 01/20/2015, Utilization Review non-certified a request for Synvisc injection therapy (1 treatment, 3 syringes), noting ODG guidelines were cited. On 02/10/2015, the injured worker submitted an application for IMR for review of Synvisc injection therapy (1 treatment, 3 syringes).

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection Therapy (1 Treatment, 3 Syringes): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Synvisc injection therapy one treatment with three syringes is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic herpes; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. Synvisc injection (hyaluronic acid or Hylan) for the ankle is not recommended in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are plantar fascia release of the left foot; MRI confirmed tear of the plantar fascia left foot; MRI confirmed tear of the posterior tibial tendon; MRI confirmed osteochondritis desiccans of the left ankle; painful gait; status post arthroscopic surgery left ankle; and status post plantar fascia release of the left foot. The discussion section in a progress note dated January 6, 2015 states "the patient will undergo cortisone injection to the left ankle to decrease pain for the patient and improve functionality as the patient perceived physical therapy tomorrow. I am requesting authorization for Synvisc injections to lubricate the joint and improve functionality of the patient to prevent further regression". The patient is scheduled to return back to work full duty as of January 30, 2015. Synvisc injection (hyaluronic acid or Hylan) for the ankle is not recommended in the Official Disability Guidelines. Consequently, pursuant to guideline recommendations Synvisc is not recommended and, as a result, Synvisc injection therapy one treatment with three syringes is not medically necessary.