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| Case Number: | CM15-0036869 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 10/07/2010 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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, California
 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:

This is a 54 year old female patient, who sustained an industrial injury on 10/7/10. She has reported right ankle injury after slipping on a piece of cardboard and falling to the floor. The diagnoses have included posterior malleolar fracture of right ankle, post traumatic arthritis of right ankle and right ankle instability. Per the physician progress note dated 1/28/15, she had complains of constant pain in the right extremity. The pain was sharp, throbbing with numbness and tingling. She states that the pain keeps her awake at night and that all of the treatments have been largely ineffective. She rates the pain 8/10 on pain scale and continues to be depressed due to the pain. Physical exam of the right lower extremity revealed muscle tone and girth decreased in the right ankle and calf circumference reduced; pain with resistance in the right leg, increased inversion with the ankle with the inversion stress test, sharp pain with palpation of the subtalar joint and hyperesthesia along the lateral ankle and lower leg. The current medications were not noted. She has tried claritin, ibuprofen, vitamin E and voltaren gel. She has had the Magnetic Resonance Imaging (MRI) of the right ankle dated 10/8/14, which revealed intact ligaments and tendons and the x-ray of the right foot dated 3/19/14, which revealed slight dorsal peaking at the navicular-cuneiform level. She has had physical therapy sessions for this injury. Treatment to date has included medications, cast, CAM walker immobilization, ankle foot orthosis, steroid injection and physical therapy. Recommendation was Ultrasound-guided block of an unspecified nerve at the right ankle and a series of viscosupplementation injections right ankle. On 2/10/15 Utilization Review non-certified a request for Ultrasound-guided block of an unspecified nerve at the right ankle and a series of viscosupplementation injections right ankle, noting the (MTUS)

Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided block of an unspecified nerve at the right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 03/26/15) Injections (corticosteroid).

Decision rationale: Request: Ultrasound-guided block of an unspecified nerve at the right ankle. Per the cited guidelines: Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. In addition per the ODG injection (corticosteroid) is: Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain. Therefore, there is no high grade scientific evidence to support ankle nerve block/injection for this diagnosis. Evidence of Morton's neuroma, plantar fasciitis or heel spur is not specified in the records provided. Description of the specific nerve to be blocked is not specified in the records provided. The details of failure of conservative therapy including physical therapy or pharmacotherapy is not specified in the records provided. The medical necessity of Ultrasound-guided block of an unspecified nerve at the right ankle is not specified in the records provided.

A series of viscosupplementation injections right ankle: 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 Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 03/26/15) Hyaluronic acid injections.

Decision rationale: Request: A series of viscosupplementation injections right ankle. Per the cited guidelines: viscosupplementation injections or Hyaluronic acid injections is Not recommended, 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. Was formerly under study as an option for ankle osteoarthritis. Recent research: While intra-articular injections of hyaluronic acid are potentially useful to treat ankle osteoarthritis, their effectiveness has not been proven. This RCT comparing hyaluronic acid with placebo for ankle osteoarthritis concluded that hyaluronic acid is not superior to saline solution injection. (DeGroot, 2012) Hyaluronic acid

or Hylan for the Ankle is Not Recommended by ODG. Patient selection criteria for ankle hyaluronic acid injections if provider & payor agree to perform anyway: Indicated for patients who: Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic 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. Therefore, there is no high grade scientific evidence to support viscosupplementation injections or Hyaluronic acid injections for this diagnosis. Evidence of significantly symptomatic osteoarthritis is not specified in the records provided. Diagnostic studies demonstrating significant osteoarthritis of the ankle joint is not specified in the records provided. Failure of conservative therapy including physical therapy or pharmacotherapy is not specified in the records provided. The medical necessity of a series of viscosupplementation injections right ankle is not specified in the records provided.