

<b>Case Number:</b>	CM15-0045921		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 54-year-old male injured worker suffered an industrial injury on 11/17/2011. The diagnoses were fracture right ankle, meniscal tear. The diagnostic studies were x-rays, electromyography, and lumbar magnetic resonance imaging. The treatments were physical therapy, open reduction and internal fixation, home exercise program, Orthovisc injections to the right knee, and medications. The treating provider reported lower back pain, right knee pain and right ankle pain. There was tenderness in the lumbar spine, right knee and right foot. The injured worker reported pain improvement of the knee due to Orthovisc injections. The requested treatments were: 1. Orthovisc Right Ankle, 2. Chiropractic Visits for Lumbar Spine 2 x 3 week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Right 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) 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 and foot, hyaluronic acid injections.

**Decision rationale:** The official disability guidelines do not recommend the usage of hyaluronic acid injections for the ankle. As recent quality studies show that improvement with this treatment appears modest at best. Other studies show no improvement over placebo. Considering this lack of demonstrated efficacy of this procedure, this request for Orthovisc injections of the right ankle is not medically necessary.

**Chiropractic Visits for Lumbar Spine 2 x 3 week:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): p 58-59.

**Decision rationale:** Although the injured employee has previously participated in physical therapy there is no documentation that there has been a chiropractic care rendered. The California MTUS recommends manual therapy for chronic pain due to musculoskeletal conditions. Considering the injured employees date of injury, diagnosis, and the guideline recommendations, this request for chiropractic visits twice week for three weeks for the lumbar spine is medically necessary.