

Case Number:	CM14-0145008		
Date Assigned:	09/12/2014	Date of Injury:	01/19/2009
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in podiatric surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the enclosed information, the original date of injury for this patient was 1/19/2009. Patient states that she tripped and fell and injured her right ankle. According to the enclosed notes this patient has undergone an open reduction internal fixation of a right ankle fracture, physical therapy, hardware removal of right ankle, surgical debridement of right ankle, additional physical therapy, chiropractic, and acupuncture. On 8/5/2014 patient was again evaluated for a painful right ankle. Patient states, that her current pain level is 3/10 when non-weight bearing, and 5 - 6/10 when weight-bearing and ambulating. Anti-inflammatory and pain medications are taken by patient which help a bit as does topical anti-inflammatory gel to the painful area. Physical exam reveals moderate tenderness upon palpation to the right ankle with a painful range of motion. Dorsiflexion is roughly 0/10 and plantar flexion is 25/45. Medial ankle instability is noted with 100% loss of inversion and eversion of the right subtalar joint. Diagnoses include posttraumatic ankle arthritis right side, status post multiple surgeries to the right ankle. Treatment plan includes recommendation of oral anti-inflammatory medication, oral pain medication, topical anti-inflammatory medication and authorization for three Supartz injections to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Supartz injections to the 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 and Foot (Acute and Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Procedure Summary, Ankle and Foot, Hyaluronic injections

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, the requested "three Supartz injections to the right ankle" are not medically reasonable or necessary for this patient at this time. ODG guidelines state that hyaluronic acid injections are not recommended. These particular types of injections are 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. It was formerly under study as an option for ankle osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid may decrease symptoms of osteoarthritis of the knee, and possibly the ankle. This double blind, randomized, controlled study examined the safety and efficacy of intraarticular sodium hyaluronate (Hyalgan) in the treatment of pain associated with ankle osteoarthritis (OA), and concluded that this may be a safe and effective option for pain associated with ankle OA, although larger studies are needed. (Cohen, 2008) This clinical trial suggested that viscosupplementation combined with arthroscopy may be more beneficial than arthroscopy alone. (Carpenter, 2008) The goal of this study was to determine whether hyaluronic acid (HA) or exercise therapy can improve functional parameters in patients with osteoarthritis (OA) of the ankle, and both HA injections and exercise therapy provided similar functional improvement. However, larger trials with longer follow-up are necessary for more definite conclusions. (Karatosun, 2008) According to this systematic review of treatment for ankle sprains, therapeutic hyaluronic acid injections in the ankle may have a role in expediting return to sport after ankle sprain, but evidence is limited. (Seah, 2011) See the Knee Chapter for more information. 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. Therefore, this request is not medically necessary.