

Case Number:	CM14-0024192		
Date Assigned:	06/11/2014	Date of Injury:	05/09/2013
Decision Date:	09/05/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of May 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and reported return to regular duty work. In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for Orthovisc (viscosupplementation) injections to the bilateral ankles. The claims administrator did allude to MRI imaging of the ankle demonstrating some thinning and attrition of cartilaginous changes. The claims administrator also cited the outdated now-renumbered MTUS 9792.20e along with non-MTUS ODG guidelines in its denial. The denial was predicated, on a large part, on ODG's reportedly unfavorable position on viscosupplementation injections for ankle arthritis. On July 16, 2013, the applicant apparently presented with multifocal knee, ankle, foot, hip, shoulder, neck, and back pain reportedly associated with an industrial motor vehicle accident. The applicant was working regular duty as of that point in time. Physical therapy and MRI imaging of numerous body parts were sought. On July 15, 2013, the applicant was again returned to regular duty work, despite ongoing complaints of multifocal low back, ankle, foot, hip, and shoulder pain. On November 26, 2013, the applicant was asked to consult an ankle specialist. The applicant had apparently been given two ankle corticosteroid injections, it was suggested, which had reportedly failed. The applicant was nevertheless given Flector patches and Voltaren cream and returned to regular duty work. The attending provider referred to the applicant's left ankle MRI of September 26, 2013 as notable for an old healed fracture, Achilles tendinitis, and cystic changes. On February 3, 2014, the applicant's primary treating provider suggested that the applicant follow up with his ankle

specialist. Authorization for Orthovisc or viscosupplementation injections was apparently later sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS ONCE PER WEEK FOR THREE WEEKS (ORTHOVISC INTRA-ARTICULAR SOLUTION 15 MG/ML) OF THE LEFT ANKLES: Overturned

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 ODG Ankle and Foot Chapter, Hyaluronic Acid Injections topic.

Decision rationale: The MTUS does not address the topic. While the ODG Foot and Ankle Chapter Hyaluronic Acid Injections topic states that the overall recommendation on hyaluronic acid or viscosupplementation injections is "not recommended," ODG then goes on to establish a limited role for hyaluronic acid injections in applicants who have significantly symptomatic osteoarthritis who have failed to respond adequately to standard nonpharmacological and pharmacological treatments of the ankle who are not candidates for any kind of total ankle replacement surgery. The ODG then notes that intraarticular injections of hyaluronic acid may possibly decrease symptoms of Osteoarthritis about the ankle. In this case, the applicant has in fact failed time, medications, physical therapy, two prior ankle corticosteroid injections, etc. The applicant was/is several months removed from the date of injury as of the date the injections in question were requested. The applicant has some clinical and radiographic evidence of ankle arthritis. Given the failure of numerous first-, second-, and third-line treatments, the proposed Orthovisc (hyaluronic acid) injections are indicated, despite ODG's tepid position on the same. Therefore, the request is medically necessary.