

Case Number:	CM15-0044384		
Date Assigned:	03/17/2015	Date of Injury:	06/03/2013
Decision Date:	05/07/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/10/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55-year-old male who reported injury on 06/03/2013. The mechanism of injury was cumulative trauma. The surgical history included an excision of bone spurs in 07/2013. There was a Request for Authorization submitted for review dated 02/11/2015. The diagnoses included left ankle arthritis and ankle/foot joint pain. The documentation of 12/30/2014 revealed the injured worker had pain and was unable to run. The injured worker was noted to be an avid runner. The injured worker was noted to utilize a bike and elliptical trainer. The injured worker had pain throughout the day with swelling, tenderness, giving way, fatigue, numbness, and tingling. The physical examination of the left ankle revealed a negative anterior drawer test. There was intact dorsiflexion, plantar flexion, inversion, and eversion. Sensation was grossly intact. The radiographs revealed no fracture or dislocation. The tibiotalar joint space appeared maintained. The injured worker underwent an MRI on 09/04/2014, which revealed mild degenerative plantar spur and mild arthrosis of the talar joint. The documentation indicated the injured worker had established ankle arthritis and had maintained range of motion. The injured worker had no crepitus with passive range of motion. The ankle appeared grossly stable. The documentation indicated the injured worker was a candidate for viscosupplementation. The injured worker was noted to have a series of viscosupplementation injections in his knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection with ultrasound guidance x 3 left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Hyaluronic Acid Injections.

Decision rationale: The Official Disability Guidelines do not recommend hyaluronic acid injections for the ankle. The injured worker was not noted to have exceptional findings on physical examination. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Orthovisc injection with ultrasound guidance x 3 left ankle is not medically necessary.