

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	7/27/2005
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010652

- 1) MAXIMUS Federal Services, Inc. has determined the request for **series of three viscosupplementation injections is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **series of three viscosupplementation injections is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a 59-year-old patient who sustained a left ankle injury on 7/27/2005 when she was struck by an automobile. The patient was status post 7/28/2005 open reduction, internal fixation calcaneal fracture, left. The patient's diagnosis was documented as status post open reduction, internal fixation, left calcaneal fracture; posttraumatic arthritis of subtalar joint with arthrofibrosis. The patient's conservative care was documented as orthotics, elastic brace; injections; rest and heat and medications alleviate pain, physical therapy.

The 7/1/2013 Dr. [REDACTED] office visit note stated that the patient had complaints of continuous pain, sharp in the left ankle with swelling, locking. There was tenderness to palpation at the left hindfoot at subtalar joint. The patient had limited range of motion at the subtalar joint left versus right. The patient's left ankle has 0 degrees of inversion and eversion with 10 degrees dorsiflexion and 20 degrees plantar flexion. The patient had pain with attempted motion through subtalar joint and slight hindfoot valgus. This office visit note referred to 3 view ankle x rays which were interpreted as maintained tibiotalar joint space; one screw fixation in calcaneus. The plan was viscosupplementation injection x3.

The request is for series of three viscosupplementation injections, left ankle. This request was previously reviewed and denied by Dr. [REDACTED] on 8/6/2013 because there is no clear evidence of osteoarthritis of the ankle per radiographic study. In addition, there was limited documentation on failed conservative measures.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for series of three viscosupplementation injections:Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), page 371, as well as the Chronic Pain Medical Treatment Guidelines, which are both part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter: Ankle and Foot, which is not part of the MTUS.

Rationale for the Decision:

Left ankle viscosupplementation therapy is not indicated and appropriate. There is no documentation within ODG Guidelines to support the use of viscosupplementation within the ankle. This has not been substantiated such as it has been within the knee. It would be considered experimental and investigational. It is for this reason it is not necessary and appropriate. **The request for series of three viscosupplementation injections is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.