

Case Number:	CM13-0054436		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2003
Decision Date:	09/25/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 64-year-old female with a reported date of injury on 07/25/2003. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post left ankle fracture, status post lateral collateral ligament reconstruction, and offloading to the right ankle with feelings of giving way with thickening in the anterior talofibular ligament most likely from offloading. Her previous treatments were noted to include hyaluronic acid injections, surgery, physical therapy, and medications. The progress note dated 10/08/2013 revealed the injured worker was making slow but steady progress. The physical examination revealed no swelling, no signs of infection, and no breaks in the skin. There was pain over the anterior talofibular ligament with crepitus and thickening of tissues palpated and mildly so over the calcaneofibular ligament and the anterior capsular area of the ankle joint and posterior tibial tendon. There was tenderness to palpation over the sinus tarsi and the fat pads were satisfactory. There was a negative anterior drawer test and her sensation was grossly intact to pinwheel and vibratory sensation although there was percussive tenderness over the superficial peroneal nerve and sural nerve. The Request for Authorization form was not submitted within the medical records. The request was for left ankle hyaluronic acid injections to improve glycosaminoglycans in the matrix of the cartilage and improve the nutritional status of the chondrocytes and the properties of the cartilage, orthotics, and extra depth shoes to accommodate the orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ANKLE HYALURONIC ACID INJECTIONS:: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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 request for a left ankle hyaluronic acid injection is not medically necessary. The injured worker reported the previous hyaluronic acid injections had given her positive results. The Official Disability Guidelines do not recommend hyaluronic acid injections for the ankle. The patient selection criteria for ankle hyaluronic acid injections if the provider and payer agree to perform anyway include a series of 3 to 5 intra-articular injections of hyaluronic acid in the target ankle with an interval of 1 week between injections. The injections are indicated for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies. The patients are not candidates for total ankle replacement or have failed previous ankle surgery for their arthritis, such as arthroscopic debridement. The repeat series of injections if relief was for 6 to 9 months and symptoms recur, it may be reasonable to do another series. The Guidelines recommend no more than 3 series of injections over a 5 year period, because effectiveness may decline; this is not a cure for arthritis, but only provides comfort and functional improvement. There is a lack of documentation regarding the injured worker having symptoms and a diagnosis consistent with severe osteoarthritis to warrant hyaluronic acid injections. The Guidelines do not recommend hyaluronic acid injections for the ankle. Therefore, the request is not medically necessary.

DME: CUSTOM MOLDED ORTHOTICS: 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)/DISABILITY DURATION GUIDELINES, ANKLE & FOOT (ACUTE & CHRONIC), ORTHOTIC DEVICES.

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, Orthotic devices.

Decision rationale: The request for durable medical equipment: custom molded orthotics is not medically necessary. The injured worker complains of left ankle pain. The Official Disability Guidelines recommend orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than 8 hours per day. Custom made foot orthoses were effective for rearfoot

pain in rheumatoid arthritis and painful hallux valgus joint pain in rheumatoid arthritis. There is a lack of documentation regarding plantar fasciitis or rheumatoid arthritis in the foot to warrant an orthotic device. There is a lack of documentation regarding the injured worker to be standing more than 8 hours per day to warrant orthotics. Therefore, the request is not medically necessary.

██████████ **EXTRA DEPTH SHOES:** 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)/DISABILITY DURATION GUIDELINES, ANKLE & FOOT (ACUTE & CHRONIC), ORTHOTIC DEVICES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Shoes.

Decision rationale: The request for ██████████ extra depth shoes is not medically necessary. The injured worker complains of ankle pain. The Official Disability Guidelines recommend special footwear as an option for knee osteoarthritis. There is a lack of documentation regarding osteoarthritis to warrant special footwear and the previous request for orthotics was deemed not medically necessary and therefore the request for extra depth shoes is not medically necessary. Therefore, due to the previous orthotic deemed not medically necessary, the extra depth shoes are not warranted at this time. Therefore, the request is not medically necessary