

<b>Case Number:</b>	CM13-0016056		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2013

### 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 Nevada. 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 41-year-old female who was reportedly injured on 12/31/2012. The mechanism of injury occurred while performing the normal work duties while pushing a machine. The most recent progress note, dated 9/12/2013, indicates that there were ongoing complaints of left Achilles pain and postop the physical examination demonstrated localized swelling at the surgical repair site. There were left calf atrophy and positive tenderness to palpation of the Achilles tendon, 4+/5 ankle plantar flexion strength versus right 5/5 and single leg tiptoe intact but shaking and fatigue on the left. No recent diagnostic studies were available for review. Previous treatment included surgery and physical therapy. A request had been made for platelet rich plasma injection to the left achilles and was not certified in the pre-authorization process on 8/7/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PLATELET RICH PLASMA INJECTION TO THE LEFT ACHILLES: 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) Foot and Ankle, Platelet-rich plasma (PRP).

**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 (Acute & Chronic) platelet rich plasma; Back to ODG - TWC Index (updated 03/26/14).

**Decision rationale:** Platelet Rich Plasma (PRP) is not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. The first high-quality study concluded that injections of PRP for chronic Achilles tendon disorder/tendinopathy does not appear to reduce pain or increase activity more than placebo. PRP looks promising but is not ready for prime time. However, based on the current evidence, PRP injection does not appear to be an effective approach to the treatment of Achilles tendinopathy. After review of the medical documentation provided, it was noted the injured worker is status post Achilles tendon repair, but at this time, there is limited evidence-based clinical trials to support the use of this treatment. The request for PRP injection is deemed not medically necessary.