MAXIMUS Federal Services

Case Number:	CM13-0032804		
Date Assigned:	12/06/2013	Date of Injury:	12/31/2012
Decision Date:	01/31/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in Texas. 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 physician 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 patient is a 37 year old male who reported an injury on 12/31/2012. The mechanism of injury was pushing a 275-300 pound skid machine up a ramp onto a truck. The patient diagnoses included Achilles bursitis or tendinitis, sprain ankle, atrophy, and sprains/strains; lumbar. The most recent clinical documentation in the medical record dated 06/10/2013 reported the patient had undergone left Achilles repair 5 months prior. Physical examination revealed positive tenderness to palpation to thickened Achilles repair site, 4+//5 left ankle strength versus right 5/5, single leg tip toe intact bilaterally but shaking and fatigued to the left. There was noted focal left Achilles repair site swelling, and Achilles incision well healed and improved but present left calf atrophy. The patient was participating in physical therapy 3 times a week and his pain was well controlled at maximum rating of 4/10 during physical therapy or at the end of the day. The patient was not taking in pain medications. The patient was ambulating independently, swimming, and walking. Strengthening and balance exercises were started.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injections 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) Ankle and Foot, 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 and Foot, Platelet-rich plasma (PRP).

Decision rationale: Official Disability Guidelines state platelet rich plasma is not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. The first high quality study (an RCT in JAMA) concluded that injections of platelet-rich plasma (PRP) for chronic Achilles tendon disorder, or tendinopathy (also known as tendinitis), does not appear to reduce pain or increase activity more than placebo. The recent objective clinical documentation was all positive findings. The patient functional level had increased, and his pain was under control. The patient was participating in physical therapy and benefiting well from the treatments. Due to the Official Disability Guidelines recommendation, and the lack of any documented objective clinical finding in the medical record, the medical necessity for the platelet rich plasma injection has not been proven. As such, the request for platelet rich plasma injections to the left Achilles is non-certified.