

Case Number:	CM13-0043458		
Date Assigned:	07/02/2014	Date of Injury:	09/08/2011
Decision Date:	08/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Medicine 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 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 59-year-old woman who was injured at work on 9/8/2011. The injury was primarily to her ankle, foot and Achilles tendon. She is requesting review of a denial for a repair, secondary, achilles tendon, with or without graft. The request includes the following: left achilles tendon debridement with possible plasma rich injection. The medical records are available for review and include the primary treating physician's progress reports (PR-2s). These records corroborate ongoing pain in the achilles tendon. The evaluation of the achilles tendon included an MRI (magnetic resonance imaging) done in March of 2012. This was remarkable for a chronic partial tear of the achilles tendon extending from 1.5cm from its insertion to approximately 9.5cm. However, there was a consultation done by [REDACTED] on May 14, 2013 that comments on these MRI findings. [REDACTED] states: "there does not appear to be an acute rupture of the achilles tendon or even evidence of a chronic rupture. There is no evidence of significant tendinosis that I can appreciate on these films." His diagnostic impression states: "she is not tender over her Achilles tendon and I do not think that she has any evidence of Achilles tendinitis at this point. Her diagnosis is more consistent with some mild peroneal tendinitis as well as sinus tarsi syndrome." The patient subsequently consulted with [REDACTED], a podiatrist, who felt the patient had achilles tendonitis with partial tearing. He initiated the request to perform radiofrequency debridement of the Achilles tendon with platelet rich plasma injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Achilles tendon debridement with possible platelet rich plasma injection: 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), Coblation therapy: [http://www.odgtwc.com/odgtwc/coblation therapy](http://www.odgtwc.com/odgtwc/coblation%20therapy); Weil, L. et al. A new minimally invasive technique for plantar fasciosis using bipolar radiofrequency: a prospective analysis. *Foot and Ankle Specialist*. 2008. Feb 1(1): 13-8; Linden B. et al., A retrospective analysis of 22 patient treated with percutaneous radiofrequency nerve ablation for prolonged moderate to severe heel pain associated with plantar fasciitis. *Journal of Foot Surgery*, 2009, Nov-Dec; 48(6): 642-7; Sampson, S. et al. Platelet rich plasma injection grafts for musculoskeletal injuries: a review. *Current Reviews in Musculoskeletal Medicine*. 2008, Dec: 1(3-4): 165-74; and De Vos, R. J. et al. Autologous growth factor injections for chornic tendinopathy: a systemic review. *British Medical bulletin*. 2010: 95:63-77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Achilles Tendon, Coblation Therapy, and Other Medical Treatment Guideline or Medical Evidence: Cochrane Database (from Moraes VY, Lenza M, Tamaoki MJ, Faloppa F, Belloti JC, Cochrane Database Syst Rev. 2013;12:CD010071).

Decision rationale: The Official Disability Guidelines (ODG) comments on the use of radiofrequency energy and platelet rich plasma (PRP) for the treatment of achilles tendon injuries. Regarding the use of radiofrequency energy, these guidelines state that coblation devices direct radiofrequency energy, rupturing target tissue cells and disintegrating molecules with minimal heat production. Coblation technology can be delivered by a variety of wands, hand pieces and stylette tips used at different anatomic sites. Coblation-based wands such as the Topaz Microdebrider (ArthroCare Corporation, Sunnyvale, CA) are used for debridement, decompression, and removal of soft tissue during minimally invasive arthroscopic procedures involving tendons in the ankle and foot. Currently, there are no randomized controlled trials in the medical literature demonstrating the efficacy of Coblation technology and related devices for treatment of joint or musculoskeletal soft tissue conditions. Further prospective, randomized studies with large sample sizes reporting long-term outcomes are needed to demonstrate the safety and efficacy of this approach compared to established methods of management of musculoskeletal conditions. Regarding the use of platelet rich plasma (PRP) therapy, these guidelines include a systematic review of 19 small trials (17 randomized) of mostly limited quality involving 1088 participants and a range of conditions including tendinopathy and tendon tears. They concluded that there is insufficient evidence to support platelet-rich therapy in the treatment of soft tissue injuries. Small randomized trials of patients with midportion Achilles tendinopathy demonstrated no benefit from platelet rich plasma (PRP) or autologous blood injection when added to an eccentric training program. The Cochrane Database also comments on the use of platelet-rich therapies for musculoskeletal soft tissue injuries. This article provides an extensive overview of the current scientific evidence on this treatment modality. Based on their investigations their conclusion was as follows: There is currently insufficient evidence to support the use of PRP for treating musculoskeletal soft tissue injuries. In summary, while there is a difference in opinion as to whether this patient has an achilles tendon injury, there is no scientific evidence to support the use of radiofrequency therapy for achilles tendon debridement

or the use of platelet rich plasma in this patient. As such, the requested for left Achilles tendon debridement with possible platelet rich plasma injection is not medically necessary.