MAXIMUS Federal Services

Case Number:	CM13-0050174		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2010
Decision Date:	02/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/11/2013

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 Physical Medicine and Rehabilitation and has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Per 7/9/13 PR-2 report Patient is a 47 year old male, employed as meter reader for 27 years. On 4/1/2010, the patient was at work and noticed severe pain and burning in both feet to the point where he could not bear weight or walk any more. Three years ago was evaluated by podiatrist, was given cortisone injection, home exercises and special boots to wear at work. Patient complaints got worse over the past 3 weeks and it is noted the aspect of feet, worsened with prolonged standing or walking. He underwent evaluation by [redacted] on 10/01/2013 and was diagnosed with: - Plantar Fasciitis - Fibromatosis of Plantar Fascia His treatment has included: Conservative -medication, light duty, home exercise program; Podiatry referral; Podiatry second opinion [redacted] and a referral to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture two (2) times a week for three (3) weeks: is not medically necessary per MTUS guidelines. Per guidelines, "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." There is documentation that patient was authorized a trial of 4 acupuncture sessions on 9/12/13. There is no documentation of these sessions or of functional improvement or a decrease in pain levels. Without this documentation an additional 6 visits of acupuncture cannot be certified.

Platelet rich plasma injection x1: 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), 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) Foot and Ankle, Platelet rich plasma.

Decision rationale: Platelet rich plasma (PRP) x1 injection is not medically necessary for foot and ankle conditions per ODG guidelines. The MTUS is silent on this issue for the foot. Per the ODG, PRP is "Not recommended, with recent higher quality evidence showing this treatment to be no better than placebo." Therefore, PRP injection x 1 is not medically necessary.