

<b>Case Number:</b>	CM14-0004136		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	08/31/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Podiatric Surgery, and is licensed to practice in New York. 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:

According to the medical records provided for review, the initial date of injury for this patient was 8/1/2001. On 11/25/2013 this patient was evaluated by his physician. It is noted that this patient underwent neuroma excision to the left foot and synovectomy of flexor tendon on 7/24/2013 and she is still having pain to this area. Tenderness is noted upon palpation to the second and third metatarsal interspace left side. There is positive stiffness and dorsal pain noted. Recommendations during this visit are: 1. consult with a foot specialist, 2. Platelet rich plasma injection to the right foot. It should be noted that patient is also suffering with significant back pain. She is status post lumbar fusion with S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULT WITH FOOT SPECIALIST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**Decision rationale:** During the 11/25/2013 visit this patient complained of foot pain. It is noted in the ODG that "evaluation and management outpatient visits to offices of medical doctors play

a critical role in the proper diagnosis and return of function of an injured worker, and they should be encouraged." The request is therefore medically necessary and appropriate.

**PLATELET RICH PLASMA INJECTION TO THE RIGHT FOOT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG

**Decision rationale:** ACOEM Guidelines states that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. Furthermore, the Official Disability Guidelines consider platelet rich plasma injections as a nonstandard treatment. They go on to state that more investigation is needed before the use of platelet rich plasma injections should be considered a standard treatment. Consequently, the request is not medically necessary and appropriate.