

Case Number:	CM14-0007176		
Date Assigned:	02/07/2014	Date of Injury:	06/17/2010
Decision Date:	07/07/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/20/2014

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 Physical Medicine and Rehabilitation 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 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 45 year old female who reported an injury on 06/17/2010. The mechanism of injury was the injured worker was lifting a heavy box from a pallet and turned to the left and experienced pain in her right lower leg with radiation into her right knee and calf. Her treatments have included physical therapy, extracorporeal shockwave therapy, and medication. The documentation of 12/19/2013 revealed the injured worker walked with a limp favoring her left lower extremity. The injured worker had decreased range of motion in the right ankle. Palpation of the Achilles tendon revealed tenderness. Muscle strength was 4/5 with plantarflexion and 5/5 with dorsiflexion inversion and eversion. The discussion indicated that the injured worker was previously indicated for stem cell injections, which the physician opined was for platelet rich plasma injection to the Achilles tendon. The diagnosis was right Achilles tendinosis and tendonitis. Treatment plan included tramadol, Gabapentin, urine drug screening, as well as a consultation for right foot treatment, and a platelet-rich plasma injection to the right Achilles tendon.

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 RIGHT ACHILLES TENDON: Upheld

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 Official Disability Guidelines (ODG), Ankle & Foot Chapter, Platelet-rich plasma (PRP).

Decision rationale: The Official Disability Guidelines indicate that a platelet-rich plasma injection is not recommended. The documentation indicated the injured worker had tenderness and decreased strength in the ankle. The injured worker had been recommended for stem cell injections; however, the physician opined it was a recommendation for a platelet rich plasma injection. The rationale was not stated. There was a lack of documentation within the medical records provided for review of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a platelet-rich plasma injection to the right Achilles tendon is not medically necessary and appropriate.