

<b>Case Number:</b>	CM14-0105371		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Occupational 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 38-year-old female who has submitted a claim for peroneal tendinosis and sinus tarsi associated with an industrial injury date of 02/22/2013. Medical records from 01/31/2014 to 06/10/2014 was reviewed and showed that patient complained of left ankle pain graded 5-7/10. Physical examination revealed tenderness over posterolateral compartment of left ankle, decreased ROM, weakness of ankle plantar and dorsiflexors. MRI of the left ankle dated 02/24/2014 revealed sinus tarsi syndrome. Treatment to date has included physical therapy, ankle foot orthosis, and home exercise program. Utilization review dated 06/25/2014 denied the request for PRP injection because evidence-based guidelines did not recommend the use of PRP for cited injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJ, SC, IM, IV (Was Therapeutic, Prophylactic, or Diagnostic) Ankle Prep 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

**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, Platelet-Rich Plasma (PRP)

**Decision rationale:** CA MTUS does not specifically address Platelet-Rich Plasma (PRP) for the knee. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that platelet-rich plasma (PRP) injections are not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. In this case, the patient complained of left ankle pain, which prompted request for PRP injection. However, guidelines do not recommend PRP as it has not been shown to be effective compared to placebo. The request likewise failed to specify the laterality of ankle to be treated. Therefore, the request for INJ, SC, IM, and IV (Was Therapeutic, Prophylactic, or Diagnostic) Ankle Prep Injection is not medically necessary.