

Case Number:	CM14-0011569		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2001
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/29/2014

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 North Carolina and 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:

The patient claims injury 8/1/2001 with a flare up from lifting a bin of plates. She is diagnosed with left foot pain and is s/p excision of neuroma on 7/24/13. She also has chronic lumbar pain, and s/sp surgery and epidural injections as well. The foot pain, however, is felt to be secondary to the neuroma. She has tried cortison injecitons, Lyrica and Neurontin for the pain, felt to be neuropathic. She has tried a series of injections of alcohol for ther foot pain in the past to treat the left foot neuroma, prior to have it surgically treated.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA INJECTION FOR LEFT FOOT: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROLOTHERAPY Page(s): 99-100. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines Prolotherapy is not recommended. It has not been shown to improve lax ligaments or control pain. There is no specific guideline in the MTUS guidelines regarding platelet-rich plasma

injection. However, the Official Disability Guidelines (ODG) notes that it is not recommended. Although the theory is that injection with PRP will promote healing secondary to growth factors present, studies have not consistently shown this to be the case. Therefore, the request for platelet rich plasma injection for the left foot is not medically necessary and appropriate.