

Case Number:	CM14-0012702		
Date Assigned:	02/21/2014	Date of Injury:	07/27/2012
Decision Date:	08/05/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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 Internal 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:

This is a 51-year-old female with a 7/27/12 date of injury. The mechanism of injury was not noted. In a 1/10/14 progress note, the patient stated that although her foot feels a little better, she still has a significant amount of pain, especially if she walks or stands a lot. She wears her orthotics and inserts as much as she can unless her foot is irritated or has pain with the insert. Objective findings: Podiatric examination revealed palpable pulses with intact neurovascular status. She has tenderness with palpation along the proximal plantar fascia more so on the lateral band of the plantar fascia than the central or medial aspect of the heel. She does have a pronating foot type with hallux valgus and bunion type foot. Diagnostic impression: Chronic right foot plantar fasciitis, metatarsalgia, myositis. Treatment to date: medication management, activity modification, cortisone injections, orthotics. A Utilization Review (UR) decision dated 1/21/14 denied the request for Platelet Rich Plasma Therapy x 1 for the right foot. There is no recommendation for or against the use of platelet rich plasma injection into the plantar fascia. The available patient information received does not provide compelling reasons to override cited guidelines that lack scientific evidence for efficacy for this condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA THERAPY X1 FOR THE RIGHT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), Web Version, Ankle & Foot Disorders(ODG) Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

Decision rationale: CA MTUS does not address this issue. ODG Ankle and Foot Chapter does not recommend platelet-rich plasma therapy due to recent higher quality evidence showing this treatment to be no better than placebo. A recent study (an RCT in JAMA) concluded that injections of platelet-rich plasma for chronic Achilles tendon disorder, or tendinopathy, does not appear to reduce pain or increase activity more than placebo. A specific rationale identifying why Platelet Rich Plasma Therapy X1 For The Right Foot Is required in this patient despite lack of guideline support was not identified. Therefore, the request for Platelet Rich Plasma Therapy X1 For The Right Foot was not medically necessary.