

Case Number:	CM14-0121586		
Date Assigned:	08/06/2014	Date of Injury:	10/13/2010
Decision Date:	09/15/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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 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 injured worker is a 56-year-old female with a reported date of injury on 10/13/2010. His diagnoses were noted to include bilateral knee degenerative joint disease, left Achilles tendinitis, and status post right foot open reduction internal fixation. His previous treatments were noted to include surgery, medications, physical therapy, and immobilization. The progress note dated 08/05/2014 revealed the injured worker complained of left Achilles tightness and discomfort when walking with decreased activities of daily living. The physical examination revealed tenderness to palpation at the Achilles and positive effusion. There was decreased range of motion to the left ankle and pain with extension. The provider indicated there was no improvement with conservative therapy. The Request for Authorization Form dated 08/13/2014 was for a platelet-rich plasma injection to the left Achilles for Achilles tendinitis. The Request for Authorization Form for physical therapy 2 times a week for 6 weeks to the left lower extremity and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection, left ankle.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines :Ankle and Foot (updated 3/26/14);PRP.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Ankle and Foot, Platelet-rich plasma (PRP).

Decision rationale: The request for a platelet rich plasma injection to the left ankle is not medically necessary. The injured worker complains of left ankle pain and has a diagnosis of Achilles tendinitis. The Official Disability Guidelines do not recommend platelet rich plasma injections, with recent higher quality evidence showing this treatment to be no better than placebo. The first high quality study 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. Platelet rich plasma looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a perspective cohort study, 30 patients with chronic refractory Achilles tendinosis were treated with PRP, and the author has concluded that PRP should be reserved for the worst of the worst patients with refractory Achilles tendinosis. This systematic review concluded that PRP injections for Achilles tendinopathy do not improve health outcomes. Overuse injuries of the Achilles tendon are common, particularly among runners and many injuries can be managed conservatively, but recovery is often slow and prolonged. One case report highlighted the rapid recovery of a competitive athlete, and 1 case series of 14 patients reported traumatic improvements. However, the 1 high quality, double-blinded, sham-controlled randomized trial found no benefit to PRP injections compared with the sham injections. The trial was relatively small, so it may have been under power to detect small improvements from PRP injections. Based on the current evidence, PRP injection does not appear to be effective for the treatment of Achilles tendinopathy. The guidelines do not recommend platelet rich plasma injections due to lack of evidence of effective treatment. Therefore, the request is not medically necessary.

Physical therapy 2 times weekly for six weeks, left lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability guidelines : Knee and Leg (updated 06/05/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 2 times weekly for 6 weeks to the left lower extremity is not medically necessary. The injured worker has had previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable functional deficits,

quantifiable objective functional improvements with previous physical therapy and the number of physical therapy sessions completed. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.