MAXIMUS Federal Services

Case Number:	CM14-0154858		
Date Assigned:	09/24/2014	Date of Injury:	08/22/2012
Decision Date:	11/12/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 Georgia. 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 31-year-old male who reported an injury on 08/22/2012. The medical records were reviewed. The mechanism of injury occurred when the injured worker smashed his left foot between a forklift and a pallet. The injured worker's treatment history included status post left great toe surgeries on 08/22/2012 and 10/22/2012, nerve conduction velocity studies of the lower extremities on 04/22/2014, TENS unit, x-ray, and 10 sessions of physical therapy. The injured worker had undergone nerve conduction velocity studies of the lower extremities dated 04/22/2014, that revealed a normal nerve conduction study of the lower extremities. There was no electrophysiological evidence of entrapment neuropathy. The injured worker was evaluated on 08/07/2014 and it was documented the injured worker complained of left great toe pain. The injured worker also complained of left foot pain. The injured worker experienced ongoing anxiety and depression due to pain. The provider noted since 07/03/2014, there was no new injection and he was using the TENS unit and working modified duties. Physical examination revealed palpable tenderness and restricted range of motion. There was weakness of flexion of left great toe at 4+/5 and plantar flexion was 4+/5. Treatment plan included request for plasma rich platelet injection under sedation for 2nd and 3rd interspace of left foot under sedation to avoid repeat surgery. The diagnoses included left great toe injection/pain; improved from 04/23/2014 to 06/04/2014, left foot injection/pain; anxiety/depression due to pain and disability of left foot and status post left great toe surgeries. Request for Authorization dated 08/11/2014 was for platelet rich plasma injection for 2nd and 3rd interspace of left foot under sedation. Rationale was to avoid great toe surgery.

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 2nd and 3rd interspace of left foot under sedation: 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), Treatment Index, 12th Edition, (web), 2014, Ankle and Foot, Platelet-Rich Plasma (PRP)

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: The request for platelet rich plasma injection for 2nd and 3rd interspace of left foot under sedation is not medically necessary. The Official Disability Guidelines (ODG) does not recommend platelet rich plasma injections. Recent higher quality evidence shows this treatment to be no better than placebo. The first high quality study (an RCT in JAMA) concluded that injections of platelet-rich plasma (PRP) for chronic Achilles tendon disorder, or tendinopathy (also known as tendinitis), does not appear to reduce pain or increase activity more than placebo. Making a prediction based on previous studies, the authors hypothesized that the VISA-A (Victorian Institute of Sports Assessment-Achilles) score of the PRP group would be higher than that of the placebo group, but their findings proved otherwise. Results after 24 weeks showed that for the PRP group, the mean VISA-A score improved by 21.7 points, and the placebo group's score increased by 20.5 points, with no significant distinction between the 2 groups during any measurement period. Plus, no differences were seen in secondary outcome measures, including subjective patient satisfaction and the number of patients returning to activity. Both treatment groups showed clinical progression in this study and also in other studies on PRP, maybe due to the fact that exercises were performed in each group, and exercises have been shown to be effective, but conservative treatment is disappointing and 25% to 45% of patients eventually require surgery. PRP 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 prospective cohort study 30 patients with chronic refractory Achilles tendinosis were treated with PRP, and the authors 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. The limited blood supply to the tendon may contribute to slow or stalled healing, and the growth factors in PRP are hypothesized to jump-start the healing process. One case report highlighted the rapid recovery of a competitive athlete, and one case series of 14 patients reported dramatic improvements. However, the one high quality, double-blinded, sham-controlled randomized trial found no benefit to PRP injections compared with sham injections. The trial was relatively small, so it may have been underpowered to detect small improvements from PRP injection. There are also alternative approaches to processing and activating PRP. It may be that the approach used in this trial was not effective, but other approaches will be effective. However, based on the current evidence, PRP injection does not appear to be an effective approach to the treatment of Achilles tendinopathy. This small low quality case series suggested that treating chronic plantar fasciitis with PRP injections is safe and has the potential to reduce pain. The guidelines do not recommend platelet rich plasma injection for the foot therefore there is no reason for the sedation. As such, the request is not medically necessary.