

<b>Case Number:</b>	CM14-0165662		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 54-year-old male with a date of injury of 10/07/2009. According to progress report 09/04/2014, the patient presents with continued complaints of pain in the bilateral heels. The patient states that he is doing better, but the pain has returned to both heels and he would like to resume treatment. Examination revealed, "Muscle strength is graded 5/5; tenderness on palpation, plantar aspect of the left and right heel. No pain with ROM." The listed diagnosis is plantar fasciitis, bilateral feet. The provider is requesting authorization for PRP injection into the bilateral heels. Utilization review denied the request on 09/12/2014. Treatment reports from 04/28/2014 through 09/04/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP Injections to bilateral heels:** 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 chapter, platelet-rich plasma injections

**Decision rationale:** This patient presents with continued bilateral heel pain. The current request is for PRP injection to the bilateral heels. The ACOEM and MTUS guidelines do not discuss platelet-rich plasma injections for the heels. The ODG guidelines under the ankle/foot chapter has the following regarding platelet-rich plasma injections, "Not recommended, with recent higher-quality evidence showing that 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." In this case, ODG guidelines states that platelet-rich plasma injections are not recommended. Given such, recommendation is for denial.