

Case Number:	CM14-0024080		
Date Assigned:	02/28/2014	Date of Injury:	06/30/2008
Decision Date:	07/29/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 52-year-old male who has submitted a claim for Chronic Achilles Tendon Partial Tear associated with an industrial injury date of June 30, 2008. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant bilateral ankle pain, right greater than the left. He also complained of difficulty standing and walking. On physical examination, there was a healed scar on the right ankle. There was tenderness of both Achilles tendons, right greater than the left. No laxity was reported. MRI of the right ankle dated June 27, 2013 revealed postsurgical scarring within the proximal Achilles tendon along with chronic tendinosis. MRI of the left ankle dated March 16, 2013 revealed retrocalcaneal bursitis with bursal effusion and synovitis, Achilles tendinosis, subadjacent cystic erosion at the insertion of the calcaneal bone, and bone marrow edema at this region. Treatment to date has included medications, physical therapy, orthotics, and right Achilles tendon surgical repair. Utilization review from December 27, 2013 denied the request for plasma rich platelet injection because the presented documentation did not indicate the medical necessity of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLASMA RICH PROTEIN INJECTION (PRP): 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) Ankle and Feet, Plasma Rich Protein.

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: CA MTUS does not specifically address platelet-rich plasma (PRP) injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that PRP injections are not recommended with recent higher quality evidence showing this treatment to be no better than placebo. ODG further states that PRP injection does not appear to be an effective approach to the treatment of Achilles tendinopathy. In this case, the request for platelet rich plasma injection was made because the patient had tried and failed conservative and surgical management. However, a clear rationale was not provided as to why PRP injection was prescribed over other recommended treatment options. Furthermore, the present request failed to indicate the laterality of the procedure. Thus, the request is incomplete. Therefore, the request for plasma rich protein injection (PRP) is not medically necessary.