

Case Number:	CM14-0026429		
Date Assigned:	03/05/2014	Date of Injury:	06/30/2008
Decision Date:	06/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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:

This is a 51-year-old patient diagnosed with sprain of ankle and Achilles tendinitis following a work related injury on June 30, 2008 that occurred when he misstepped off a ladder and landed on his right leg, hurting his right calf. A previous request for bilateral Achilles tendon plasma ridge protein injection under ultrasound guidance and postinjection physical therapy for sixteen sessions was non-certified at utilization review on January 6, 2014. The reviewing physician noted that ODG guidelines do not recommend this treatment of the foot or ankle with recent higher quality evidence showing this treatment to be no better than placebo. Qualified Medical Evaluation dated January 13, 2014 reveals previous treatment has included physical therapy and a cane, orthotics, surgery in August 2011, ice and activity modification. Current subjective complaints included the right leg pain wakes him up at night. He has difficulty getting in and out of a car. He has stiffness in the right ankle when he first gets up in the morning. He reports difficulty with household chores that require prolonged standing. He reports having developed compensatory symptoms in the left leg. Objective findings on examination revealed mildly reduced range of motion with flexion and extension of the right ankle. There is soft tissue swelling over the proximal end of the incision on the right ankle. There is tenderness to palpation of the posterior aspect of the left ankle and full range of motion to the left ankle. Motor strength was reduced at 4+ to the tibialis anterior and gastrocnemius on the right. The patient reported using a cane for all ambulation and indicates his symptoms increase with weightbearing greater than 20 minutes at a time. He did not return to work for [REDACTED] following his ankle surgery, but did work for [REDACTED] until July 2013 at which time he was terminated. He has not worked since that time. An MRI of the right ankle performed in August 2010 was referenced as showing a chronic tear of the Achilles with a degree of tendinitis (actual report was not provided). Future medical care considerations included orthopedic evaluations, oral anti-

inflammatory medications, and abbreviated course of physical therapy not to exceed three of four weeks in length that frequency no greater than three times per week at which time the patient should be reevaluated by his treating physician, and referral to a pain management physician for platelet rich presents for injections to both ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BILATERAL ACHILLES TENDON PRP (PLASMA RICH PROTEIN) INJECTION UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medical necessity of platelet rich plasma injection is compared to evidence based (ODG) criteria, which indicates these injections are not recommended. Clinical studies that have been done so far do not clearly demonstrate if platelet rich plasma is more effective than other treatments, including placebo. While there are reports of cases of success, it is not known if these successes are better, or worse, than other standard treatments. This intervention is not recommended as medically necessary, as it is not supported by evidence as an effective treatment. The request for outpatient bilateral achilles tendon PRP (plasma rich protein) injection under ultrasound guidance is not medically necessary or appropriate.

POST-INJECTION PHYSICAL THERAPY 1-2 TIMES PER WEEK FOR 8 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.