

Case Number:	CM14-0046352		
Date Assigned:	07/02/2014	Date of Injury:	08/05/2013
Decision Date:	08/07/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgery 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 52-year-old male sustained an industrial injury on 8/5/13. The mechanism of injury was not documented. The 11/14/13 right ankle x-rays showed exostosis on the anterior tibia and small ectopic bone over the dorsal talus. In the midfoot, there was a bone spur over the navicular area. The 3/20/14 treating physician report indicated that a recent cortisone injection helped and the Richie brace was not helping. Right ankle/foot exam was essentially normal with tenderness to palpation at the base of the 4th metatarsal. The assessment was right foot pain with localized right foot/ankle osteoarthritis with midfoot spurring at the second tarsal metatarsal joint, anterior tibial bone spur, and right foot/ankle arthralgia. An injection was provided and the patient was taped. The treatment plan recommended appropriate shoes, anti-inflammatories, and home stretching exercises. The treating physician opined that exostectomy occasionally needed to be performed to remove the spur. The 4/3/14 utilization review denied the request for right ankle surgery and platelet-rich plasma as there was no documentation that the patient had exhausted all conservative care, had limited range of motion, activity limitation, or lateral stress demonstrating impingement. Platelet-rich plasma was not recommended by guidelines. The 4/10/14 treating physician report cited increased right ankle pain and inability to wear the Richie brace in his work boots. Exam findings were unchanged. A cortisone injection was provided and the patient was taped. The patient was taken off work for 3 to 4 days. Surgical removal of the spur was recommended. Records indicate that the right ankle surgery, including tibial and talar exostectomy, was subsequently approved without the platelet-rich plasma injection on 4/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle surgery-tibial exostectomy, talar exostectomy (right ankle) and platelet rich protein: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Platelet-rich plasma (PRP).

Decision rationale: The ACOEM guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The MTUS guidelines do not address platelet-rich plasma (PRP) injection for the ankle or foot. The Official Disability Guidelines state that PRP is not recommended as recent higher quality evidence showed this treatment to be no better than placebo. Guideline criteria have not been met for all requested procedures. The patient presents with right ankle/foot pain that failed to progressively improve despite reasonable conservative treatment. Functional limitation is noted due to inability to wear occupational footwear. All of the requested surgical procedures are not fully supported by guidelines. PRP injections are specifically not recommended. A subsequent utilization review certified the surgical request when presented without the PRP component. Therefore, this request for right ankle surgery-tibial exostectomy, talar exostectomy (right ankle) and platelet rich protein is not medically necessary.