

Case Number:	CM14-0060686		
Date Assigned:	07/09/2014	Date of Injury:	06/04/2011
Decision Date:	09/03/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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:

This is a 52-year-old female with a 6/4/11 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/20/14, the patient stated that her low back pain has been much worse than it ever has been. Her right ankle continued to swell and she has been unable to wear closed shoes. She stated that she felt sharp pains in the ankle bones all the time and that pain goes up her leg to her knee. Objective findings: right ankle ROM (Range of Motion) with pain, swelling noted at right ankle, antalgic gait, tenderness to palpation of cervical spine. Diagnostic impression: internal derangement-right ankle, lumbar spine myofasciitis with disc injury, cervical spine sprain/strain with myofasciitis. Treatment to date: medication management, activity modification, surgery. A UR decision dated 4/24/14 denied the request for platelet-rich plasma injections for lingering ankle pain. These cannot be deemed medically necessary under the Official Disability Guidelines (ODG) consider these injections as not recommended, with recent higher quality evidence showing this treatment to be no better than placebo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injections QTY: 2: 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 in Workers Compensation (TWC), 18th Edition, 2013, Platelet Rich Plasma (PRP).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

Decision rationale: CA MTUS states that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy are ineffective. In addition, ODG states that platelet-rich plasma injections are not recommended; with recent higher quality evidence showing this treatment to be no better than placebo. The requesting provider failed to provide compelling evidence establishing why PRP injections would be required in this patient against guidelines recommendations. Therefore, the request for Platelet Rich Plasma Injections quantity: 2 was not medically necessary.