

Case Number:	CM14-0091670		
Date Assigned:	07/25/2014	Date of Injury:	06/06/2013
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 injured worker is a 49-year-old male who was reportedly injured on June 6, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 16, 2014, indicates that the injured employee has had a recent right ankle injury and there are ongoing complaints of right sided foot and ankle pain. Current medications include Ibuprofen and Tramadol. The physical examination demonstrated that the injured employee was wearing a cam boot. There was right ankle swelling and an antalgic gait. Tenderness was noted over the deltoid ligament on the right side. There was a recommendation for a home exercise program, anti-inflammatory medications, a platelet rich plasma injection, a right ankle stabilizing orthosis (ASO) brace and additional physical therapy. A request was made for a right ankle ASO brace and a platelet rich plasma injection and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (Durable Medical Equipment): Right ankle ASO Brace: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Bracing, Updated July 29, 2014.

Decision rationale: The injured employee has had a recent right ankle injury and resultant instability. The physical examination indicates tenderness over the deltoid ligament, one of the stabilizing ligaments of the right ankle. The use of a brace is recommended for stability during the recovery process. This request for an ankle stabilizing orthosis (ASO) brace is medically necessary.

PRP (Platelet Rich Plasma Injection): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Foot/Ankle;The Journal of Bone and Joint Surgery (JBJS) 2012 Vol. 94 issue 4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Platelet Rich Plasma, Updated July 29, 2014.

Decision rationale: According to the Official Disability Guidelines the use of platelet rich plasma is not recommended as recent high quality studies show evidence that this treatment is no better than placebo. For this reason this request for a platelet rich plasma injection is not medically necessary.