

<b>Case Number:</b>	CM13-0024481		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 56 year old male, who sustained an industrial injury on 05/13/2008. He has reported pain in both knees with pain in the left greater than the right. There is a bilaterally positive Tinel's sign at the wrist, and low back pain. The diagnoses have included left Achilles tendonitis, bilateral Carpal Tunnel Syndrome, and left ankle internal derangement. Treatment to date has included Supartz injection to the right knee x 5 in one office visit of 08/14/2013, Supartz injections x5 to bilateral knees done in the office 07/10/2013, and an arthroscopic surgery to the left knee. Currently, the IW complains of continued bilateral knee pain, left greater than right. He complains of continued leg pain with cramping, and low back pain that radiates to the legs. He has developed a lumbar spine radiculitis secondary to a limping gait. A 30 day trial of H-wave unit to the left ankle and bilateral knees was requested also on 08/14/2013. On 08/22/2013 Utilization Review non-certified a request for a platelet rich plasma (PRP) injection to the left Achilles tendon noting there was no supporting documentation and or clear clinical indication to pursue this procedure. The Non- MTUS, ACOEM Guidelines; Platelet Rich Plasma Injection for Chronic Achilles Tendinopathy: A Randomized Controlled Trial, Robert J. de Vos. MD, Adam Weir, MBBS, Hans T. M van Schie, DVM. PhD. Was cited. On 09/13/2013, the injured worker submitted an application for IMR for review of the non-certified items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PLATELET RICH PLASMA (PRP) INJECTION TO THE LEFT ACHILLES TENDON: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Platelet Rich Plasma Injection for Chronic Achilles Tendinopathy: A Randomized Controlled Trial, Robert J. De Vos. MD, Adam Weir, MBBS, Hans T. M van Schie, DVM. PhD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter, Platelet-Rich Plasma (PRP) section.

**Decision rationale:** The MTUS Guidelines do not address the use of PRP. The ODG does not recommend the use of PRP with recent higher quality evidence showing this treatment to be no better than placebo. The first high quality study (an RCT in JAMA) concluded that injections of platelet-rich plasma (PRP) for chronic Achilles tendon disorder, or tendinopathy (also known as tendinitis), does not appear to reduce pain or increase activity more than placebo. The request for ONE PLATELET RICH PLASMA (PRP) INJECTION TO THE LEFT ACHILLES TENDON is determined to not be medically necessary.