

Case Number:	CM15-0105343		
Date Assigned:	06/09/2015	Date of Injury:	10/21/2008
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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 is a 50 year old female who sustained an industrial injury on 10/21/2008. Previous treatment were not discussed. Diagnostic tests performed include: x-rays revealing dorsal exostosis talonavicular-joint, pes planus deformity; MRI of the lumbar spine, and MRI of the left hip. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/12/2015, physician progress report noted complaints of pain and swelling in the Achilles (side not specified). The injured worker reported that her pain was about the same; however, no pain rating or description of the pain was provided. Additional complaints include a painful bone spur on top of foot, low back and left hip pain. The physical exam revealed a collapsed arch resulting in significant pronation during gait, pain to palpation of the dorsal mid-foot resulting in neuritic type pain to the hallux with a dorsal mid-foot exostosis. The provider noted diagnoses of Achilles bursitis or tendinitis, congenital pes planus deformity and arthritis of the foot. The injured worker was noted to have plateaued in her progress. Plan of care includes a referral for platelet-rich plasms (PRP) treatment for chronic Achilles tendinitis. The injured worker's work status. Requested treatments include platelet-rich plasms (PRP) treatment for chronic Achilles tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for platelet-rich plasma (PRP) treatment for chronic Achilles tendinitis: 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), Integrated Treatment/Disability Guidelines, Ankle & Foot (Acute & Chronic).

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 Chapter/Platelet-Rich Plasma (PRP) Section.

Decision rationale: The MTUS Guidelines do not address the use of PRP. The ODG states that this treatment is under study. A small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. PRP represents a novel noninvasive treatment method for patients with acute or chronic soft-tissue musculoskeletal injuries. The popularity of PRP has increased in the medical community, and it has received increased media attention in recent years, particularly because professional athletes have undergone this procedure. There is a need for further basic-science investigation, as well as randomized, controlled trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendinous injuries. Further clarification of indications and time frame is also needed. After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. The injured worker complains of intermittent pain and swelling of the achilles tendon and per available documentation has plateaued in treatment. As PRP injections are not recommended by the guidelines, the request for referral for platelet-rich plasma (PRP) treatment for chronic Achilles tendinitis is determined to not be medically necessary.