MAXIMUS Federal Services

Case Number:	CM15-0109375		
Date Assigned:	06/16/2015	Date of Injury:	10/18/2013
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 24 year old female, who sustained an industrial injury on 10/18/13. She has reported initial complaints of rolling the right ankle with pain and injury at work. The diagnoses have included right ankle strain, chronic right ankle pain and right Achilles tendinitis. Treatment to date has included medications, activity modifications, off work, diagnostics, Non-steroidal anti-inflammatory drugs, rest, icing, home exercise program (HEP), physical therapy 20 visits, steroid injections and consultations. Currently, as per the physician initial comprehensive progress note dated 5/6/15, the injured worker complains of continued right foot pain in the distal aspect of the Achilles tendon. It is described a sharp and aggravated with plantar flexion of the foot, extended standing and walking and relieved with rest. The physical exam of the right foot reveals mild tenderness to palpation over the anterior talofibular ligament, extremely tender over the distal aspect of the gastrocsoleus complex and over the entire Achilles tendon. There is exquisite tenderness at the insertion of the Achilles tendon upon the calcaneus. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right ankle. The report of this study is not noted in the records. The previous therapy sessions are not noted and the current medications are not noted. The physician requested treatments included Series of 2 protein rich plasma (PRP) injections with ultrasound guidance to the right Achilles tendon, Ankle support, and Diclofenac sodium ER 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 2 protein rich plasma (PRP) injections with ultrasound guidance to the right Achilles tendon: 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), PRP injection for the knee.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy Page(s): 99-100.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that all types of prolotherapy are not recommended at this time as it is still under study. Prolotherapy injections use proliferatives such as growth factors and may include other ingredients such as zinc sulfate, psyllium seed oil, dextrose, glycerine, and phenol. Some studies so far suggest that prolotherapy does not significantly exceed placebo effects in the treatment of arthritis, degenerative disc disease, fibromyalgia, tendinitis, plantar fasciitis, and other conditions, whereas other studies show some benefit, however, further studies are required. In the case of this worker, there was record of having tried and failed multiple other standard therapies such as physical therapy and oral medications as well as cortisone injections. She was requested to have PRP injections of the right Achilles tendon, however, this prolotherapy injection is not as of now approved by the Guidelines due to lack of sufficient supportive data overall. Therefore, this request is not medically necessary at this time.

Ankle support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Prolotherapy for the ankle and foot, Bracing for the ankle and foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: The MTUS ACOEM Guidelines state that ankle or foot braces/splints may be used following injury, but for as short a time as possible initially after the injury. The ODG goes into more detail and only recommends bracing in the cases of clear instability, which may be required up to 4-6 weeks with active and passive therapy. Functional treatment is more favorable than immobilization. Partial weight bearing as tolerated is recommended. In cases of ankle sprain, it is recommended to use a brace or tape to prevent a relapse afterwards, but also to phase out the use of the brace or tape in time. In the case of this worker, there was complaint of right ankle pain, however, there was no evidence of instability of the ankle joint to suggest an ankle brace would be required, and since there was no evidence of her having an acute exacerbation of her ankle sprain to warrant a short course of use of a brace, a brace for ongoing use is not medically necessary.

Diclofenac sodium ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, Hypertension and renal function, Diclofenac sodium.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of having used NSAIDs prior to this request and as needed. However, details about these prior NSAID medications, dosing, frequency, or functional gain or pain reduction was not included to help justify this request for another NSAID to be used regularly. Also not included in the documentation provided was the reasoning for introducing Diclofenac in place of these prior NSAIDs used. Ongoing use of NSAIDs is not generally recommended and carries significant side effect risks. Therefore, due to the above reasons, the request for Diclofenac is not medically necessary at this time.