MAXIMUS Federal Services

Case Number:	CM15-0146183		
Date Assigned:	08/07/2015	Date of Injury:	11/04/2014
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, Florida, 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 59 year old male, who sustained an industrial injury on 11-4-14. He reported pain in his left lower extremity after he fell into a 5 foot hole. The injured worker was diagnosed as having left Morton's neuroma. Treatment to date has included physical therapy, an EMG-NCV on 3-5-15 with normal results, Ibuprofen, Flexeril, Lidocaine cream and Voltaren gel. As of the PR2 dated 6-26-15, the injured worker reports 4 out of 10 pain in his left foot. He indicated some relief from the injection he received at his last visit. Objective findings include a positive Tinel's sign in the 3rd and 4th digits on the left foot on palpation of the 3rd intermetatarsal plantar nerve. The treating physician requested an outpatient platelet rich plasma injection to the left foot with podiatry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient, Platelet Rich Plasma (PRP) injection to the Left Foot with Podiatry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Platelet Rich Plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot and Ankle, under Platelet Rich Plasma Injections.

Decision rationale: This claimant was injured in 2014 when he fell in a 5 foot hole. Diagnoses were a left Morton's neuroma. As of June 2015, there was still pain in the left foot. There was un-quantified relief from pain from an unspecified injection at the last visit. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding platelet rich plasma injection to this area: Not recommended, 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. Making a prediction based on previous studies, the authors hypothesized that the VISA-A (Victorian Institute of Sports Assessment-Achilles) score of the PRP group would be higher than that of the placebo group, but their findings proved otherwise. Results after 24 weeks showed that for the PRP group, the mean VISA-A score improved by 21.7 points, and the placebo group's score increased by 20.5 points, with no significant distinction between the 2 groups during any measurement period. Given the evidence-based documentation of unproven effectiveness, the request is not medically necessary.