

Case Number:	CM15-0164406		
Date Assigned:	09/02/2015	Date of Injury:	04/09/2010
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/21/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 44-year-old male who sustained an industrial injury on 4/9/10. Injury occurred while on duty as a police officer and he ran across four lanes to assist his partner in an altercation with onset of left foot pain. He underwent open reduction and internal fixation of fracture metatarsal-dorsal aspect of the left 1st metatarsophalangeal joint and cheilectomy of the dorsal aspect of the left first metatarsophalangeal joint on 8/5/10, and left tarsal tunnel release, partial plantar fasciectomy, and plantar first web space nerve decompression with fibular sesamoidectomy on 11/18/11. The 6/8/15 left ankle MRI impression was documented as essentially normal for age with an incidentally unfused os trigonum. The 7/23/15 treating physician report cited persistent left medial ankle pain. Symptoms were aggravated by activities of daily living and work activities. Symptoms were relieved with rest and bracing. Physical exam documented tenderness at the medial ankle and left subtalar joint, limited range of motion, left ankle inversion weakness, and positive single toe raise. The diagnosis was posterior tibial tendinitis and pes planus. The injured worker had failed conservative treatment with bracing, injection, orthotics and activity modification. The treatment plan recommended reconstruction for adult acquired flatfoot deformity. Authorization was requested for subtalar fusion of left foot bones tendon transfer with revision, arthroscopy, proximal tibial bone graft, and gastroc release and associated surgical requests, including platelet-rich plasma (PRP). The 8/7/15 utilization review certified the requests for subtalar fusion of left foot bones tendon transfer with revision, arthroscopy, proximal tibial bone graft, and gastroc release and the associated surgical requests,

except for PRP. The request for PRP was non-certified as the Official Disability Guidelines did not recommend PRP for treatment of ankle issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: PRP (Platelet-rich plasma): 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), Work Loss Data Institute, (20th annual edition) Ankle & Foot Chapter: Platelet-rich plasma (PRP).

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 (PRP).

Decision rationale: The California MTUS does not provide recommendations for platelet-rich plasma. The Official Disability Guidelines state that platelet-rich plasma is not recommended for the ankle or foot, with recent higher quality evidence showing this treatment to be no better than placebo. Guideline criteria have not been met. This injured worker has been approved for reconstruction of adult acquired flatfoot deformity. There is no compelling rationale submitted to support the medical necessity of PRP injection as an exception to guidelines. Therefore, this request is not medically necessary.