MAXIMUS Federal Services

Case Number:	CM15-0189518		
Date Assigned:	10/01/2015	Date of Injury:	02/20/1997
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69 year old female who sustained an industrial injury on 2-20-97. A review of the medical records indicates she is undergoing treatment for an issue of her right ankle. The medical records (7-28-15) involve a one-paragraph notation indicating that a Synvisc injection was rejected for her right ankle, which provided her with "significant relief" in the past. The record states that she is "intolerant" of Norco. The treatment recommendation is for Tramadol "on occasions" and an intraarticular injection of autologous platelets. The utilization review (8-27-15) indicates a request for authorization for right ankle platelet rich plasma-autologous conditioned plasma. The treatment request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle PRP/ACP (Right Ankle Platelet Rich Plasma/Autoologous Conditioned 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) Platelet-rich Plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Platelet-rich plasma (PRP).

Decision rationale: The claimant has a remote history of a work injury occurring in February 1997 with injury to the right ankle. In July 2015 two prior Synvisc injections had provided substantial and significant relief. She was intolerant of Norco 5/325 mg which was keeping her up at night. Tramadol was prescribed. An intra-articular PRP injection was planned. In September 2015 an x-ray of the ankle showed findings of osteophytes and anterior and anterolateral impingement. Physical examination findings were consistent with the x-ray findings. A prior PRP injection is referenced as having provided good results. A second PRP injection was scheduled. There was consideration of arthroscopic debridement. Platelet rich plasma injections of the ankle are not recommended. Recent higher quality evidence shows this treatment to be no better than placebo. Physical therapy/a home exercise program and use of a brace or assistive device could be considered. The request is not considered medically necessary.