

<b>Case Number:</b>	CM15-0021640		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Arizona, California  
 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 23-year-old female, who sustained an industrial injury on 7/3/12. She has reported Achilles tendon "pop." The diagnoses have included left ankle sprain and left ankle pain. Treatment to date has included physical therapy and medication. (MRI) magnetic resonance imaging of left ankle dated 11/7/14 revealed mild Achilles tendinosis with loss of normal anterior margin concavity, no evidence of Achilles tendon tear or paratenonitis. Currently, the injured worker complains of left Achilles tendon pain with extended weight bearing activities. Physical exam dated 1/21/15 noted moderate tenderness to palpation 2-3 cm above the Achilles tendon calcaneal insertion. On 1/7/15 Utilization Review non-certified a PRP injection to left Achilles tendon, noting it is not recommended with recent higher quality evidence showing this treatment to be no better than a placebo. The ODG was cited. On 1/13/15, the injured worker submitted an application for IMR for review of PRP injection to left Achilles tendon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP Injection Left Achilles Tendon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Platelet-rich Plasma (PRP)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee pain chapter and Platelet Rich Plasma in the OGD guidelines

**Decision rationale:** According to the guidelines, PRP is under study. There is no high quality evidence for its use in the knee or ankle. The claimant had received other modalities that offer superior and more proven methods for improving function. The request for PRP of the Achilles is not medically necessary.