

Case Number:	CM15-0025472		
Date Assigned:	02/18/2015	Date of Injury:	07/23/2006
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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: North Carolina, Georgia
 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 49 year old male, who sustained an industrial injury on 07/23/2006. He has reported pain in the lower back, right hip, and bilateral ankles. The diagnoses have included lumbar sprain/strain; right hip region bursitis; traumatic arthropathy involving ankle/foot; and foot/ankle tenosynovitis. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Norco and Tramadol. Currently, the injured worker complains of continued lower back pain, right hip pain, and bilateral ankle pain; significant swelling in the left ankle; and constant numbness in the left fourth and fifth toes. A progress report from the treating physician, dated 01/12/2015, included objective findings to consist of tenderness to palpation of the bilateral lower lumbar paravertebral muscles, sacroiliac joints, and right piriformis muscles; tenderness to palpation of the right greater troch bursa; and tenderness to palpation of the left ankle. The treatment plan included continuation of Norco; and request for home EMS (Electric Muscle Stimulator)/TENS (Transcutaneous Electrical Nerve Stimulation)/IF (Interferential Stimulation) with refills of electrodes as needed; request for platelet rich plasma injection series of 3 to the left ankle; and request referral for chronic pain management to address the chronic pain. On 01/20/2015 Utilization Review noncertified a prescription for Platelet rich plasma injections x 3 to the left ankle; noncertified a prescription for Muscle stimulator, garment, and electrode kit purchase; and modified a prescription for Pain management evaluation and treatment, to Pain management consultation only. The CA MTUS and the ODG were cited. On 01/31/2015, the injured worker submitted an application for a prescription for Platelet rich plasma injections x 3 to the left ankle; a prescription for Muscle

stimulator, garment, and electrode kit purchase; and a prescription for Pain management evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injections x 3 to the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot and Ankle

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle, Platelet rich plasma.

Decision rationale: CA MTUS is silent on use of platelet rich plasma. ODG section on Ankle states that platelet rich plasma injections are not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. Platelet rich plasma injection of the ankle is not medically necessary.

Muscle stimulator, garment, and electrode kit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 121.

Decision rationale: CA MTUS does not recommend use of a neuromuscular electrical stimulation device for chronic pain. Such devices may be part a rehabilitation program after stroke but there are no studies indicating any efficacy in managing chronic pain. In this case, the medical records provide no documentation that there is any functional improvement from the use of this device. The request for purchase of muscle stimulator, garment and electrode kit is not medically necessary and the original UR denial is upheld.

Pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the request is for pain management evaluation and treatment. The original UR decision modified this request to evaluation only as any decision about the appropriateness

of ongoing treatment by pain management specialist can only be made after initial evaluation. The request for pain management evaluation and treatment is not medically necessary and original UR decision is upheld.