

<b>Case Number:</b>	CM15-0212674		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 63 year old male who sustained an industrial injury on 12-2-10. A review of the medical records indicates he is undergoing treatment for osteoarthritis of the left ankle. Medical records (4-21-15, 8-3-15, and 9-8-15) indicate ongoing complaints of "severe" left ankle pain. The 8-3-15 record indicates that the pain is "decreased with medications". The physical exam (9-8-15) indicates tenderness of the left anterior ankle. Crepitus is present of the left ankle. Flexibility is "limited". Range of motion is noted to be limited by pain in the left ankle. Strength is noted to be decreased. Diagnostic studies have included an MRI of the left ankle. Treatment has included medications and a left ankle arthroplasty. He is not working. The utilization review (10-23-15) includes a request for authorization of platelet-rich plasma injection of the left ankle. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich-Plasma (PRP) injection, left ankle:** 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), Ankle and Foot Chapter.

**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 sustained a work injury in January 2011 when he fell from a steeple with injury to the left ankle. He underwent a ligament reconstruction, which failed to relieve his symptoms. When seen in September 2015 he was having constant left ankle pain. An x-ray in April 2015 showed advanced degenerative changes. Physical examination findings included an antalgic gait. There was left ankle crepitus and decreased and painful range of motion. There was decreased left ankle and foot strength. Arthroplasty was planned and was done on 09/15/15. Platelet rich plasma was used during the procedure for the tibial component. Platelet rich plasma in the ankle is not recommended. Recent higher quality evidence shows injection treatment to be no better than placebo. Therefore, the request is not medically necessary.