

<b>Case Number:</b>	CM15-0049850		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a 46-year-old who has filed a claim for chronic foot pain reportedly associated with an industrial injury of December 16, 2013. In a Utilization Review Report dated March 11, 2015, the claims administrator failed to approve a request for a platelet-rich plasma injection to the left foot. The claims administrator referenced a March 5, 2015 progress note in its determination. The claims administrator did, however, approve alcohol sclerosing injections for the foot, apparently for an alleged Morton's neuroma. The applicant's attorney subsequently appealed. In a progress note dated February 20, 2015, the applicant reportedly imputed to a painful neuroma. Alcohol sclerosing therapy was performed under ultrasound guidance in the clinic. The attending provider seemingly sought for further sclerosing injections and a platelet-rich plasma injection. It was suggested that the applicant was working despite her ongoing pain complaints. On February 11, 2015, the applicant reported ongoing complaints of foot pain and paresthesias for which the applicant was apparently using Neurontin. The applicant was given diagnoses of chronic foot pain secondary to left third webspace Morton's neuroma and metatarsalgia status post ORIF of a metatarsal fracture. The applicant was apparently working regular duty, it was suggested.

### 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 to the left foot:** Overturned

**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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** Yes, the request for platelet-rich plasma injections for the foot was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Ankle and Foot Chapter notes that there is no recommendation for or against usage of platelet-rich plasma injections for the ankle and foot, the body part in question here, in this case, however, the attending provider has seemingly posited that the applicant has failed a variety of treatments, including sclerosing alcohol injections, adjuvant medications such as Neurontin, 20 prior alcohol and/or corticosteroid injections, footwear modifications, etc. Moving forward with a trial platelet-rich plasma injection, thus, was indicated, despite the tepid ACOEM position on the same. Therefore, the request was medically necessary.