

Case Number:	CM15-0081362		
Date Assigned:	05/04/2015	Date of Injury:	04/30/2013
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 59-year-old female with a date of injury of 4/30/2013. An MRI scan of the right ankle dated 5/31/2013 revealed a non-displaced fracture of the anterior border of the calcaneus adjacent to the calcaneocuboid joint. Ankle joint effusion/synovitis with associated posterior tibial tenosynovitis and fraying was also noted with partial thickness injury. Partial-thickness tear and tendinosis of peroneus brevis was also noted. The progress report dated 2/24/2015 indicated pain in the right foot and ankle after a day's work or walking. There was tenderness at the anterior talofibular ligament. Full range of motion was documented. There was no instability. The provider requested an Aircast ankle brace and platelet rich plasma injection of the anterior talofibular ligament. The request was noncertified by utilization review using California MTUS and ODG guidelines. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aircast Brace, Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 14 Ankle and Foot Complaints Page(s): 43-54; 361-386.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The California MTUS guidelines indicate putting joints at rest in a brace or splint should be for as short a time as possible. Gentle exercise at the initial phase of recovery is desirable. For instance, partial weight bearing should be carried out with crutches as soon as feasible after the injury. The guidelines do not support long-term bracing. The reported injury was on 4/30/2013. There is no instability documented. As such, bracing is not recommended per guidelines and the medical necessity of the request for an aircast brace has not been substantiated and is not medically necessary.

PRP (platelet rich plasma) Injection, Right Anterior Talofibular Ligament: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Platelet-rich plasma (PRP).

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

Decision rationale: With regard to platelet rich plasma, ODG guidelines are used. Platelet rich plasma is not recommended with recent higher quality evidence showing this treatment to be no better than placebo. As such, the request for platelet rich plasma injection of the right anterior talofibular ligament is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated and therefore is not medically necessary.