

Case Number:	CM14-0126124		
Date Assigned:	08/13/2014	Date of Injury:	06/30/2008
Decision Date:	10/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old male who sustained injuries to his bilateral ankles on 06/30/08 when he missed stepped off of a ladder. Ultrasound of soft tissue of left calf dated 05/13/14 revealed no organized collection; no significant edema; no focal soft tissue mass. The injured worker reached maximum medical improvement as early as 06/30/08 with a 21% whole person impairment rating. MRI of the left ankle dated 03/26/13 revealed severe retrocalcaneal bursitis with large bursal effusion, focal synovitis and Achilles tendinosis. Physical examination noted right ankle posterior incision, which was well-healed; limited range of motion with negative Thompson's testing and negative Homan's sign; painful range of motion with tenderness to the proximal Achilles tendon in the anterolateral aspect of the ankle medially.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection to bilateral achilles tendon.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter, Platelet-rich plasma (PRP)

Decision rationale: The request for platelet rich plasma injection to bilateral Achilles tendons is not medically necessary. Previous request was denied on the basis that the Official Disability Guidelines does not recommend this treatment of the foot/ankle with recent high quality evidence showing this treatment to be no better than placebo. The first high quality study concluded that injections of platelet rich plasma for chronic Achilles tendon disorder or tendinopathy (aka: tendinitis) does not appear to reduce pain or increase activity more than placebo. Based on the currently available information and negative reference guidelines, the request was not deemed as medically necessary. The Official Disability Guidelines state that treatment with this modality is not recommended. Platelet rich plasma looks promising, but is not yet ready for prime time. Platelet rich plasma has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. Current evidence based studies concluded that platelet rich plasma injections for Achilles tendinopathy does not improve health outcomes. Overuse injuries of the Achilles tendon are common, particularly among runners, and may injuries can be managed conservatively, but recovery is often slow and prolonged. Given this, the request for platelet rich plasma injection to bilateral Achilles tendons is not indicated as medically necessary.