

Case Number:	CM14-0149442		
Date Assigned:	09/18/2014	Date of Injury:	10/13/2010
Decision Date:	11/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 57-year-old female who reported injury 10/13/2010. The mechanism of injury was not provided. The prior therapies included 12 sessions of physical therapy. The injured worker had a flat foot reconstructive procedure and a first tarsometatarsal joint realignment arthrodesis on 02/08/2013 and a right first tarsometatarsal joint revision arthrodesis on 02/21/2014. The injured worker was noted to undergo a CT scan of the right foot on 12/16/2013 and to have x-rays of the right foot on 05/30/2014. The MRI that was dated 07/07/2014 revealed the injured worker had tendinosis with surrounding peritendinitis involving the Achilles tendon and dorsal and plantar calcaneal spurs. The documentation of 08/13/2014 revealed the injured worker had Achilles pain and discomfort with walking and limited range of motion. The injured worker had tenderness to palpation at the Achilles and a positive effusion. The injured worker had decreased range of motion. The diagnoses included left Achilles tendonitis, and bilateral knee degenerative joint disease. The treatment plan included a walking boot and a left ankle platelet rich plasma injection. There was no rationale submitted for the requests. There was a Request for Authorization for a platelet rich plasma injection and a walker boot on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection, left achilles: 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 & Foot (updated 07/29/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & Foot Chapter, Platelet Rich Plasma injection

Decision rationale: The Official Disability Guidelines indicate that platelet rich plasma injections are not recommended as recent higher quality evidence revealed the treatment was no better than placebos. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally the request as submitted failed to indicate the quantity of injections. Given the above, the request for Platelet rich plasma injection, left Achilles is not medically necessary.