

<b>Case Number:</b>	CM14-0163153		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 General Surgery and is licensed to practice in California. 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:

This 46 year old female was injured 9/9/11. The diagnosis relative to this request is strain/sprain of the deltoid of the ankle. The patient had had peroneal tendon surgery 7/2012 and has lateral foot pain. The request was for right platelet rich plasma injection. Examination: gait is with minimal limping right, Abnormal ....of right foot and ankle. Tenderness at peroneal. Needs PRP to right peroneal (ankle). On 8/1/14 an MRI of the right foot showed moderate degenerative changes of the first metatarsal with hypertrophy of the first metatarsal head and degenerative changes between the sesamoid bones and adjacent first metatarsal head.... suggestive of sesamoiditis. The same day an MRI of the ankle showed osteoarthritic changes in the intertarsal joints, mild plantar fasciitis, and thickening of the peroneal tendons in the retromalleolar and inframalleolar portions that may be related to previous surgery. There was no evidence of tenosynovitis or of acute tendinosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP (Platelet-Rich Plasma) of right peroneal (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), Treatment in Workers Compensation (TWC), Ankle and Foot Procedure Summary, last updated 07/29/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Worker's Compensation, 7th Edition, current year (2009) On-Line Elbow Chapter (Updated 12/19/12)

**Decision rationale:** "Early studies have shown PRP therapy may be useful in maxillofacial surgery, wound healing, microfracture repair, and in the treatment of plantar fasciitis. PRP looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet." Progress notes are mostly illegible but it appears that this request is for PRP for what appears to be a problematic remote peroneal tendon repair in 2012. Medical evidence-based Guidelines do support the use of PRP for lateral epicondylitis, wound healing, and plantar fasciitis but does not support the use of PRP for a strain/sprain of the ankle. Therefore, the request for Platelet rich Plasma as a treatment modality for strain/sprain ankle must be considered investigational/experimental and not medically necessary and appropriate.