

Case Number:	CM14-0183557		
Date Assigned:	11/10/2014	Date of Injury:	06/21/2012
Decision Date:	12/15/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Connecticut. 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 55-year-old female who reported an injury on 06/21/2012. The method of injury was a fall. Her diagnoses included left ankle injury, status post multiple surgical procedures, and prior nonindustrial injuries to the left ankle. Her past treatments have included medications, surgeries, steroid injection, bracing, and controlled ankle movement walker device. Diagnostic studies included a magnetic resonance imaging of the left ankle on 08/23/2012 which revealed a 1.2 cm x 0.6 cm curvilinear focus of mixed T1 and T2 weighed signal intensity noted in the posterior aspect of the talus extending to the subchondral surface, which may be related to avascular necrosis. The injured worker has had multiple surgeries to the left ankle. At an examination on 09/04/2012, the injured worker complained of left ankle pain described as intermittent and slight to moderate. Upon further examination of the left ankle, the injured worker was noted to have subtalar range of motion -5 degrees on the right and 0 degrees on the left, dorsiflexion limited to 13 degrees, and plantarflexion limited to 29 degrees. Left foot dorsolateral sensation was decreased to 2 point discrimination of 10 mm. Her current medication regimen includes metoprolol, lisinopril, simvastatin, Prilosec, and Vicodin. The treatment plan was not provided. The rationale for the request was not provided. The Request for Authorization form was not provided.

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 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), Ankle and Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Platelet-Rich Plasma.

Decision rationale: The request for platelet rich plasma injection for the left ankle is not medically necessary. The patient has chronic left ankle pain that has not been controlled by multiple surgeries. The Official Disability Guidelines indicate that platelet rich plasma is not recommended with recent higher quality evidence showing this treatment to be no better than placebo. Platelet rich plasma is a bioactive component of whole blood, with a higher concentration of platelets compared with baseline blood, and containing many growth factors, including platelet derived growth factor, transforming growth factor, insulin like growth factor, and vascular endothelial growth factor. The theory is that a concentrated preparation of platelet-rich plasma, with its inherent growth factors, may promote faster healing of injuries, when an area of injury is injected with platelet rich plasma derived from the patient's own blood. However, the guidelines do not recommend this treatment. As such, the request for Platelet Rich Plasma Injection to the Left Ankle is not medically necessary.