

<b>Case Number:</b>	CM14-0097231		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Medicine 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 is a 47-year-old male who reported an industrial injury to the left ankle on 7/7/2011, over three (3) years ago, attributed to the performance of his usual and customary work tasks when he reportedly kicked a piece of product and sprained his left ankle and pushing a box with his foot which strained his lower back. The patient has been treated for a left ankle strain and Lumbago. X-rays were taken and failed to demonstrate a fracture. A magnetic resonance imaging (MRI) of his left ankle dated 3/29/2012, documented evidence of an ATFL sprain of the left ankle with some tenderness and some peroneus brevis tendinopathy. The patient continues to report pain to the lateral aspect of his left ankle. The objective findings on examination included tenderness to palpation to the lateral left ankle tenderness to palpation to the left paralumbar muscles with spasming; straight leg raise positive at 80; decreased sensation to touch along the entire length of the S1 nerve; no other sensory deficit; normal muscle testing. The patient was diagnosed with a left ankle sprain/strain. The treatment plan included platelet rich plasma injection under ultrasound to the left ATFL and peroneus brevis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Plasma/Us Guidance Left ATFL and Peroneus Brevis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Injections

**Decision rationale:** There is insufficient evidence to support the use of injections with platelet rich plasma for the treatment of the feet or ankles and the ODG recommend against the use of this treatment modality. The provider has provided no subjective/objective evidence to support the medical necessity of the use of the PRP injections other than the provided anecdotal evidence cited from the literature. There is no provided objective peer reviewed evidence accepted by the national medical community to override the recommendations of the evidence-based guidelines. The patient was requested to have a PRP injection to the left ATFL and peroneus brevis. The request was made without documentation of any recommendations by evidence-based guidelines. The conclusion of the currently accepted evidence-based guidelines is that the use of plasma rich protein injections is no better than placebo. The Official Disability Guidelines report that the use of injections of Platelet rich Plasma (PRP) is under study and do not provided recommendations at this point in time. The use of PRP injections are not recommended as recent higher quality evidence has demonstrated this treatment is no better than placebo. The treatment modality is not accepted for treatment of the ankle. There is no demonstrated medical necessity for PRP to the ankle; therefore, the request is not medically necessary.