

Case Number:	CM14-0216018		
Date Assigned:	01/06/2015	Date of Injury:	09/09/2011
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 46 year old female with an injury date of 09/09/11. Based on the 12/10/14 progress report, the patient complains of severe pain on the right side of leg. The patient reports difficulty sit, stand, and perform cashiering duties at work. The swelling is significant worse in both legs and feet. The patient has difficulty walking in the mornings. There is tenderness to lumbar spine and the right ankle with swelling. The current medications are Norco, Zanaflex, and Butrin. The diagnoses are: 1. Sprain of ankle Nec. 2. Sprain of ankle deltoid. 3. Lumbosacral Neuritis nos. The treatment plan includes request Acupuncture 2x4 and PRP injection to the right ankle. Based on the 09/24/14 report, the patient reports that Butran works well for lower back, right ankle and foot. The patient has been using tight ankle brace daily. The patient continues to have irritable bowel syndrome and has nausea. The patient reports fatigue and severe sweating. There is tenderness at peroneal. The treatment plan is PRP injection to right ankle. The treating physician is requesting for PRP injection to the right ankle and Acupuncture 2x4 for the right ankle on 12/10/11. The utilization review determination being challenged is dated 12/17/14. The requesting physician provided treatment reports from 08/13/14-12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection to the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter, platelet rich plasma injection

Decision rationale: This patient presents with right side ankle and foot pain. The request is for PRP injection to right ankle. ODG guideline pain chapter states regarding platelet rich plasma injection as Not recommended for chronic pain except in a research setting. ODG further states for ankle, Not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. Review of the reports does not show prior PRP injections. The guideline does not support platelet rich plasma injections for ankle problems. The request IS NOT medically necessary.

Acupuncture 2x4 for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with right side ankle and foot pain. The request is for acupuncture 2x4 for the right ankle. For acupuncture, MTUS 9792.24.1 states that "Acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS 9792.23.8 states "In the course of treatment for ankle and foot complaints where acupuncture or acupuncture with electrical stimulation is being considered, the acupuncture medical treatment guidelines in section 9792.24.1 shall apply." MTUS states 1-3 acupuncture visits per week in 1 to 2 months and states "Time to produce functional improvement: 3 to 6 treatments." Per 12/10/14 report, the treater would like to try acupuncture for the patient's muscle spasm, ankle pain and to reduce medication use. Given that the patient has not tried acupuncture, up to 6 sessions may be reasonable per MTUS, but the requested 8 sessions exceeds what is recommended per MTUS for a trial. The request IS NOT medically necessary.