MAXIMUS Federal Services

Case Number:	CM14-0216471		
Date Assigned:	01/06/2015	Date of Injury:	01/20/2014
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/26/2014

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: Texas, California
Certification(s)/Specialty: Family Practice

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 38 year old male who suffered an industrial related injury on 1/18/14. A physician's report dated 10/24/14 noted the injured worker presented with plantar fasciitis, nerve entrapment, and pain in the left foot. The injured worker was being treated with physical therapy and a TENS unit. The physical examination revealed pain to palpation in the plantar arch of the left foot, not in the classic origin of the plantar fascia, at the plantar medial calcaneal tubercle. Numbness and paresthesias along the medial plantar nerve distribution along with left foot consistent with a nerve entrapment of this nerve was noted. The patient has used orthotics for this injury. The medication list include Medrol dose packThe patient has had X-ray of the left foot with normal findings

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-rich plasma injection for the right foot/ankle: 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 Ankle & Foot (updated 12/22/14) Platelet-rich plasma (PRP)

Decision rationale: Request: Platelet-rich plasma injection for the right foot/ankle. Per the ODG guidelines cited below, PRP (platelet rich plasma) injection is not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. Therefore there is no high grade scientific evidence to support the use of PRP (platelet rich plasma) injection for this diagnosis. Patient has received an unspecified number of PT visits for this injury Detailed response to previous conservative therapy was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Platelet-rich plasma injection for the right foot/ankle is not fully established in this patient.