

Case Number:	CM15-0015813		
Date Assigned:	02/03/2015	Date of Injury:	01/01/2014
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48-year-old female, who sustained an industrial injury on 1/1/2014. The diagnoses have included tibialis tendonitis, Achilles tendonitis and chronic ankle pain with collapse. Treatment to date has included physical therapy, medication and ankle-foot orthosis. According to the initial podiatric evaluation dated 12/15/2014, the injured worker complained of left foot and ankle pain, which was progressively getting worse. She reported that she was not able to wear shoes or stand for a prolonged period. She was taking anti-inflammatory pain medications. Physical exam revealed pain with palpation of the posterior tibial tendon of the left foot. There was severe swelling and edema along the posterior tibial tendon and almost complete collapse of the left foot and ankle compared to the right. Gait was antalgic and unstable. X-rays were taken at the visit; there was a decrease in joint space of the ankle and subtalar joint on the left versus the right. Treatment plan was for a Platelet Rich Plasma injection and orthopedic shoes. On 1/21/2015 Utilization Review (UR) non-certified requests for a Platelet Rich Plasma injection and orthopedic shoes left ankle. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plasma rich protein injection: 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), Knee & Leg Chapter.

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

Decision rationale: MTUS guidelines are silent regarding the use of platelets rich plasma (PRP). According to ODG guidelines, the injection of PRP for chronic Achilles tendon disorder does not appear to reduce pain or increase activity more than placebo. Therefore, the prescription of PRP is not medically necessary.

Orthopedic shoes, left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnosis and Treatment Considerations Page(s): 372-375.

Decision rationale: According to MTUS, supportive shoes are medically necessary in several diseases of the ankle and foot. There is no documentation that this patient developed foot disorder. Therefore, the indication of orthopedic shoes is not medically necessary.