

Case Number:	CM15-0110689		
Date Assigned:	06/17/2015	Date of Injury:	11/19/2014
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old male, who sustained an industrial injury on 11/19/14. The Qualified Medical Examiner on 3/19/15 noted that the injured worker has complaints of right foot pain. The documentation noted that there was slight edema about the medial aspect of the foot and tenderness about the tuberosity of the navicular. The diagnoses have included pain in soft tissues of limb chronic posterior tibial tendonitis. Treatment to date has included magnetic resonance imaging (MRI) of right foot on 11/1/14 showed severe focal anterior tibialis tendinosis at navicular and medial cuneiform level, otherwise unremarkable examination; injections; cast boot and Superfeet inserts. The request was for platelet rich plasma injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP platelet rich plasma injection: 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 & Foot (Acute & Chronic), Platelet-rich plasma (PRP).

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for right foot pain. An MRI of the foot and November 2014 included findings of severe anterior tibialis tendinosis. Treatments have included immobilization using a CAM boot. When seen, the CAM boot had been effective while being worn but his symptoms had returned when it was discontinued. There was tenderness and pain with range of motion. Platelet - rich plasma (PRP) injections are not recommended. Recent higher quality evidence shows this treatment to be no better than placebo. Additionally, in this case, the claimant has not had a trial of physical therapy or less restrictive immobilization through bracing which would be potentially effective for his condition. Therefore, the request is not medically necessary.