

Case Number:	CM15-0115623		
Date Assigned:	07/23/2015	Date of Injury:	09/18/1974
Decision Date:	08/20/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: California

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 66-year-old male, who sustained an industrial injury on September 18, 1974. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left Achilles tendinosis and left Achilles tendon partial tear. Treatment and diagnostic studies to date has included use of ice, status post total knee replacement, home exercise program, and physical therapy. In a progress note dated May 04, 2015 the treating physician reports complaints of sharp, burning pain to the ankle. Examination reveals thickened fusiform deformity along the Achilles tendon with tenderness on palpation. The injured worker's pain level was rated a 9 out of 10. The treating physician requested platelet rich plasma injection to the left Achilles tendon under ultrasound guidance to attempt to stimulate healing to the Achilles tendon. The treating physician requested Pennsaid (Diclofenac) 2% ointment with one refill to apply to the Achilles tendon for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Platelet rich plasma injection to the left achilles tendon under ultrasound guidance:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute and Chronic): Platelet rich plasma.

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 Chapter, Platelet-rich plasma (PRP).

Decision rationale: Regarding the request for PRP, CA MTUS does not address the issue. ODG cites that PRP is not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. In light of the above, the currently requested PRP is not medically necessary.

2 Pennsaid 2% with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Pennsaid, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, the patient is noted to have Achilles tendinosis, but topical NSAIDs are supported by the guidelines only for short-term use and, while prior use is noted, there is no clear evidence of efficacy with functional improvement from prior use. Given all of the above, the requested Pennsaid is not medically necessary.