

<b>Case Number:</b>	CM15-0121306		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 30 year old female, who sustained an industrial injury on December 27, 2012. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having left Achilles injury and tendonitis and left ankle lateral ligament injury. Treatment to date has included medication ice/heat, boot and magnetic resonance imaging (MRI). A progress note dated May 12, 2015 provides the injured worker complains of persistent headaches, wrist pain and severe increased pain in the left Achilles region. She reports decreased ability to stand and a sensation of tearing when walking. Physical exam notes ankle tenderness on palpation and swelling with decreased range of motion (ROM). The plan includes Platelet Rich Plasma (PRP), ice/heat, elevation and medication.

### 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 to the left Achilles: 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), Ankle and Foot (updated 03/26/15) - Online Version, Platelet-Rich Plasma (PRP).

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

**Decision rationale:** With regard to the request for PRP, the ODG Ankle and Foot Chapter specifies the following: "Platelet-rich plasma (PRP) Not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. The first high quality study (an RCT in JAMA) concluded that injections of platelet-rich plasma (PRP) for chronic Achilles tendon disorder, or tendinopathy (also known as tendinitis), does not appear to reduce pain or increase activity more than placebo. Making a prediction based on previous studies, the authors hypothesized that the VISA-A (Victorian Institute of Sports Assessment-Achilles) score of the PRP group would be higher than that of the placebo group, but their findings proved otherwise. Results after 24 weeks showed that for the PRP group, the mean VISA-A score improved by 21.7 points, and the placebo group's score increased by 20.5 points, with no significant distinction between the 2 groups during any measurement period. Plus, no differences were seen in secondary outcome measures, including subjective patient satisfaction and the number of patients returning to activity." Given the current evidence which fails to demonstrate the efficacy of this treatment option, this request is not medically necessary.