

Case Number:	CM15-0172146		
Date Assigned:	09/14/2015	Date of Injury:	04/14/2013
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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: Preventive Medicine, Occupational 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 43 year old male who sustained an industrial injury on 4-14-13. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported left heel pain. A review of the medical records indicates that the injured worker is undergoing treatments for complex regional pain syndrome left foot ankle and lower leg and left Achilles tendon tear. Provider documentation dated 8-11-15 noted the work status as "off work" noting the injured worker could "return to work only with restrictions of no standing or walking for more than 30 minutes." Treatment has included lumbar sympathetic block (6-9-15), rest, activity modification, heat, ice, physical therapy, chiropractic treatments, anti-inflammatory medications, muscle relaxants, Vicoprophen since at least May of 2015, Neurontin since at least May of 2015, bracing, a walking boot, status post 2 surgeries for left ankle and foot, nerve conduction velocity study and radiographic studies. Objective findings dated 8-11-15 were notable for pain with palpation to the posterior lateral aspect of left heel. The original utilization review (8-20-15) denied a request for one (1) platelet-rich plasma injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) PRP (platelet-rich plasma) 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, Ankle & Foot (Acute & Chronic), 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) Pain Chapter/Platelet-Rich Plasma (PRP) Section.

Decision rationale: The MTUS guidelines do not address the use of plasma-rich-plasma (PRP) injections, therefore, alternative guidelines were consulted. Per the ODG, PRP is not recommended for chronic pain except in a research setting. PRP therapies are more complicated than previously acknowledged, and an understanding of the fundamental processes and pivotal molecules involved will need to be elucidated. PRP therapies in clinical trials await assessment. The request for one (1) PRP (platelet-rich plasma) injection is determined to not be medically necessary.