

Case Number:	CM15-0067470		
Date Assigned:	04/15/2015	Date of Injury:	07/30/2012
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, New York, 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 applicant is a represented 23-year-old who has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of July 30, 2012. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve request for platelet rich plasma injection for the ankle, partially approve request for eight sessions of physical therapy as six sessions of the same, and approved a request for taping of the ankle. Non-MTUS ODG Guidelines were exclusively invoked, despite the fact that the MTUS addressed some of the issues at hand. Progress notes of November 21, 2015 and March 29, 2015 were also referenced in the determination. The applicant's attorney subsequently appealed. In a March 19, 2015 RFA form, platelet rich plasma injection, physical therapy, and Kinesio taping were endorsed. In associated progress note of the same date, March 19, 2015, the applicant reported ongoing complaints of foot and ankle pain, reportedly sustained while working as a camp counselor. Tenderness about the Achilles tendon was appreciated with good ankle strength appreciated. MRI imaging of the ankle was endorsed. Platelet rich plasma injection was also proposed on the grounds that the applicant had exhausted other conservative treatments including physical therapy, taping was also continued. The applicant's work status was not clearly stated, although it was suggested that the applicant was in fact working. In an earlier note dated October 25, 2014, the platelet rich plasma injection in question was endorsed. The applicant did exhibit a mild limp with good ankle strength. Tenderness about the Achilles tendon was noted. Pain with weight-bearing activities was reported. 5/5 strength was also noted. MRI imaging of the ankle

dated November 17, 2014 was notable for mild Achilles tendinosis without evidence of a frank Achilles tendon tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plasma Injection Left Achilles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Ankle & Foot, Platelet-rich plasma (PRP).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM V.3, Ankle and Foot, Specific Diagnoses, Achilles Tendinopathy, Injection Therapies Platelet Rich Plasma Platelet Rich Plasma Injected platelet rich plasma has been used for treatment of Achilles tendinopathy.(70) Recommendation: Platelet Rich Plasma Injections for Achilles Tendinopathy Platelet-rich plasma injections are moderately not recommended for treatment of Achilles tendinopathy. Strength of Evidence Moderately Not Recommended, Evidence (B).

Decision rationale: No, the request for platelet rich plasma injection to the left Achilles tendon/ankle was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 14, Table 14-6, page 377, repeated or frequent injections are deemed "not recommended." Here, the attending provider has seemingly requested the platelet rich plasma injection in question on multiple occasions, although it was not clearly established whether the applicant had or had not had prior injections. The Third Edition ACOEM Guidelines Ankle and Foot Chapter likewise notes that platelet rich plasma injections are "moderately not recommended" for treatment of Achilles tendinopathy, i.e., the operating diagnosis reportedly present here. The attending provider failed to furnish a compelling applicant-specific rationale, which would support provision of the injection in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Physical Therapy 2 time 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Ankle, Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Similarly, the request for eight sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapy at home as an extension of treatment process in order to maintain improvement levels. Here, the applicant has had earlier unspecified amounts of physical therapy over the course of the claim. All evidence on file pointed to the applicant's having relatively minimal-to-mild impairment

associated with the same. The applicant did apparently exhibit normal lower extremity strength, it was suggested above. The applicant had seemingly returned to work, it was suggested (but not clearly stated). It was not, thus, clearly established why the applicant could not likewise transition to self-directed home-based medicine here, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.