

<b>Case Number:</b>	CM15-0093857		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/06/2009
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 49 year old female who sustained an industrial injury on 06/06/2009. She reported ankle joint pain and joint swelling. The injured worker was diagnosed as having disorder of the ankle/foot joint(s). Treatment to date has included surgery x2 for the left ankle for ligament damage. Currently (03/12/2015), the injured worker complains of ankle joint pain and swelling. Objectively the ankle examination is unchanged. In the exam notes of 01/15/2015, the worker has swelling of the ankle with no exostosis, no deformity, and no deviated Achilles tendon. Alignment of the ankles was normal. Tenderness on palpation was present and pain was elicited throughout the range of motion of the ankles, at the initiation of movement of the ankles, and at the extreme limits of range of motion of the ankles. No ankle instability was noted. There was tenderness on palpation and crepitis on motion. The worker has not been able to return to exercise. The treatment plan is for a MRI evaluation and follow-up visit. A request for authorization is made for an Outpatient Platelet Rich Plasma Injection in Left Ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Platelet Rich Plasma Injection in Left Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 55.

**Decision rationale:** According to the guidelines, Platelet Rich Plasma is under study for varied joint locations including knee, and elbow locations as well. The guidelines do not support the use of PRP for the ankle but do recommend steroid and lidocaine injections. In this case, the claimant has a peoneal tendon injury and swelling. There is no indication that PROP would be more beneficial than a steroid. The request for PRP is not medically necessary.