Case Number:	CM17-0004547		
Date Assigned:	01/11/2017	**Date of Injury:**	10/14/2016
Decision Date:	02/03/2017	**UR Denial Date:**	12/27/2016
Priority:	Standard	**Application Received:**	01/06/2017

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: Massachusetts,Louisiana
Certification(s)/Specialty: Anesthesiology, 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 42 year old female who sustained an industrial injury on October 14, 2016. The patient is being treated for left foot and heel pain and injury, plantar fasciitis. Subjective complaint reported left foot, heel pain. November 28, 2016 reported complaint of no better at all left foot pain 10 intensity out of 10 the worst. Objective assessment reported at follow up December 13, 2016 noted upon inspection left foot found sensory exam intact throughout the foot, venous pulses x2 palpable and no instability visualized. Treatment rendered included diagnostic testing, activity modification, anti-inflammatory agent, course physical therapy, consultation, durable medical equipment fracture boot, home exercise program and follow up. On December 13, 2016 a request was made for x1 platelet rich plasma injection to left foot and for x1 knee scooter that were non-certified by Utilization Review on December 27, 2016.

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 left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PRP.

Decision rationale: According to the official disability guidelines, PRP is noted to be "understudy." The small study found a statistically significant involvement in all scores at the end of multiple PRP injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. The treating physician has not documented a physical exam to substantiate the diagnosis nor has there been a documented failure of more classic conservative therapies. Therefore, at this time, the requirements for treatment have not been met and is not medically necessary.

1 knee scooter: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches to indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is rationale provided to support the request for 1 knee scooter. Therefore at this time the requirements for treatment have not been met and is not medically necessary.