

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/7/2013
Date of Injury:	12/31/2012
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017425

- 1) MAXIMUS Federal Services, Inc. has determined the request for **platelet rich plasma (PRP) injection to the left achilles is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **platelet rich plasma (PRP) injection to the left achilles** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 40-year-old female injured on 12/31/12 while she was pushing 175 pound wheeled object up a ramp resulting in an acute left Achilles tendon rupture. She underwent an Achilles tendon repair procedure on 01/10/13 that has been treated postoperatively with immobilization, formal physical therapy, and advancement to a walking boot, crutches, a walker and work restrictions. Recent clinical assessment dated 06/10/13 showed continued complaints of left Achilles discomfort continuing with therapy. The pain was localized laterally. It states that the claimant is ambulating independently. Physical examination showed the Achilles incision to be well healed with continued calf atrophy, positive tenderness to palpation over the thickened repair site, 4+/5 ankle plantar flexion strength compared to 5/5 on the right. The plan at that time was for continuation of physical therapy, home exercises, and request for a platelet rich plasma injection to the Achilles tendon to augment recovery. Records indicate that the request was denied by utilization review process. At the present, there is one final clinical report dated 09/12/13 indicating continued need for the PRP injection as well as resuming physical therapy and home exercises for conditioning. Unfortunately, subjective complaints and objective findings were not documented at that time by [REDACTED]

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for platelet rich plasma (PRP) injection to the left achilles:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Foot and Ankle Platelet Rich Plasma (PRP), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines Treatment in Workers' Comp, 18th Edition, 2013, updates: ankle procedure, platelet rich plasma (PRP), which is not part of the MTUS.

Rationale for the Decision:

California MTUS and ACOEM Guidelines are silent regarding the requested services. Per Official Disability Guidelines criteria, platelet rich plasma injections to the ankle were not recommended with recent high-quality literature showing this treatment to be no better than placebo injectable alone. The submitted medical records indicate the role of the above injection at this stage in the employee's postoperative course of care would not be supported as medically necessary. **The request for platelet rich plasma (PRP) injection to the left Achilles is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.