

Case Number:	CM13-0009577		
Date Assigned:	01/03/2014	Date of Injury:	02/16/1975
Decision Date:	03/26/2014	UR Denial Date:	07/20/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Reumatology and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 67 year old male with date of injury 2/16/75. The mechanism of injury is not specified in the available medical records. The patient has complained of chronic left knee pain since the date of injury. He has had two arthroscopic procedures of the left knee and a meniscectomy of the medial meniscus. He has been treated with physical therapy, injections and medications. An MRI of the left knee performed in 08/2012 revealed a joint effusion, small anterior and posterior lateral meniscal tears, chondromalacia patella and medial compartment cartilage loss. Objective: left knee: tenderness to palpation of the medial and lateral joint lines, + McMurray test, + Apley's maneuver, painful range of motion and crepitus. Diagnosis: meniscal tear and osteoarthritis of the left knee. Treatment plan and request: prolotherapy with platelet rich plasma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy using Platelet Rich Plasma - 5 to 8 treatments at 4 to 6 weeks between 7-19/2013 and 10/17/2013 [REDACTED] Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Plateley-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 (Chronic), Plateley-rich plasma (PRP).

Decision rationale: This 67 year old male has complained of chronic left knee pain since date of injury 2/16/75. Treatment has included arthroscopy with medial meniscectomy, injections, physical therapy and medications. There are no MTUS guidelines concerning the use of prolotherapy for chronic pain and osteoarthritis. Per ODG guidelines, prolotherapy is not recommended and is currently investigational for the use in chronic pain, osteoarthritis and internal derangement of the knee. Per ODG guidelines, prolotherapy is not indicated as medically necessary.