

<b>Case Number:</b>	CM13-0016898		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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.

### 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 patient is a 55-year-old female who sustained a work-related injury on 01/04/2010. The patient was evaluated on 09/05/2013 by Dr. [REDACTED] at which time the patient reported constant moderate to severe pain with stiffness, weakness, tightness, and restricted movement of the right knee. The patient also reported intermittent pain of the left knee. The patient underwent right knee operative arthroscopic surgery in October 2011. The patient reported that after surgery and postoperative therapy some of the right knee pain improved by 90%. The patient has also been treated with a series of Synvisc injections to the right knee on 3 different occasions postoperatively in 2012, which provided no pain relief. In early August 2013, the patient did receive an injection to the right knee, which did not decrease pain but reduced a lump slightly. Radiographs taken on 09/05/2013 indicated no evidence of degenerative joint disease but there was approximately 4 mm joint space of the right and left knee medial femoral tibial joint surface. The physician impression was status post right knee arthroscopy in October 2011 with underlying chondromalacia of the patella and residual pain and weakness and complaints of depression, anxiety, and difficulty sleeping. Treatment recommendations at that time suggested the patient be provided with 1 platelet rich plasma injection as recommended by Dr. [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma injection to the right knee:** 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), Knee and Leg Chapter, Platelet-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), Knee and Leg Chapter, Platelet-Rich Plasma (PRP).

**Decision rationale:** The Agreed Medical Examination Report dated 09/05/2013 indicates that on 07/01/2013, Dr. [REDACTED] documented the patient was instructed to use a patellar knee sleeve. There is no documentation submitted for review to indicate if the use of the patellar knee sleeve decreased symptoms. The patient's diagnosis includes status post right knee arthroscopy in October 2011 with underlying chondromalacia of the patella and residual pain and weakness. The clinical information submitted for review indicates that the patient has undergone steroid and viscosupplementation injections without any significant pain relief. The Official Disability Guidelines state that the popularity of platelet rich plasma injections has increased in the medical community but there is a need for further basic science investigation as well as randomized controlled trials to identify the benefits, side effects, and adverse effects that may be associated with the use of platelet rich plasma injections for muscular and tendinous injuries. Additionally, although platelet rich plasma injections look promising, they are not yet ready for prime time. Given the guideline literature, there is lack of supporting evidence for the clinical use of platelet rich plasma as a treatment modality for orthopedic bone and soft tissue injuries. Furthermore, documentation in the medical records submitted for review indicates that the patient is working full time and full duty. There is no indication that the patient's pain has limited her functional abilities or ability to carry out activities of daily living. Therefore, the medical necessity of platelet rich plasma injections to the right knee has not been established. The request for platelet rich plasma injection to the right knee is not medically necessary and appropriate.