

Case Number:	CM13-0019001		
Date Assigned:	11/06/2013	Date of Injury:	01/07/2010
Decision Date:	01/30/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/30/2013

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 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 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 45 year old female, date of injury 01-07-10 with a primary diagnosis 726.61 pes anserine bursitis. The mechanism of injury was injury to left lower extremity. The status report of 08-14-13 by [REDACTED] documented subjective complaints - persistent left medial knee pain at per bursa, doing regular work. The objective findings included moderate tenderness and swelling left pes bursa. The diagnoses were synovitis left knee, left knee pes bursitis. The treatment plan included Plasma-Rich Plasma, regular work, ketoprofen cream, Motrin 800 mg, H-wave therapy. The left knee arthrogram on 07-22-13 reported "No evidence of anserine bursal filling." The utilization review 08-21-13 performed by Orthopedic Surgeon [REDACTED] recommended that the request for Plasma-Rich Plasma injection be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

platelet rich plasma (L) pes bursa: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not discuss platelet-rich plasma (PRP) for the treatment of knee conditions. The Official Disability Guidelines (ODG) states that PRP is "under study" and results are "inconsistent." The ACOEM practice guidelines give PRP an (I) Insufficient evidence rating. The first and second tiers of evidence do not support the use of PRP in this case. Therefore, the request for Plasma-Rich Plasma injection for Pes Anserine Bursitis is not medically necessary.