

<b>Case Number:</b>	CM13-0019735		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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:

The patient is a 41-year-old male who reported an injury on 05/10/2012. The mechanism of injury was getting into a car, adjusting the seat, when a pop was heard with extreme pain to the left knee. The office visit note dated 11/26/2013 indicated left knee arthroscopy on 08/17/2012. It was noted the patient had received Synvisc One in the past, most recently on 10/01/2013 which provided good relief. The patient reported increased stiffness, achiness and pain, clicking and catching of the left knee. Upon examination of the left knee, range of motion was 0 degrees to 130 degrees and manual muscle testing was 4/5 in all planes. There was positive patellofemoral crepitation and positive grind test. The MRI of the left knee on 03/22/2013 revealed sprain of the Medial Cruciate Ligament (MCL). The magnetic resonance (MR) arthrogram of the left knee on 04/25/2013 revealed postsurgical scarring with no evidence of meniscal or ligament tear, or chondromalacia. The patient was recommended to continue with conservative measures including ice, anti-inflammatory drugs, self-directed stretching and strengthening exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PLATELET RICH PLASMA INJECTION UNDER ULTRASOUND GUIDANCE:**

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 & leg, Platelet-rich plasma (PRP).

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

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address platelet rich plasma injection under ultrasound guidance. However, the Official Disability Guidelines state that platelet rich plasma (PRP) is under study. The study found a statistically significant improvement in all scores at the end of multiple platelet rich plasma injections in patients with chronic refractory patella tendinopathy and a further improvement was noted at 6 months, after physical therapy was added. The clinical results were encouraging in indicating that plasma rich platelet injections 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. There is 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 PRP for muscular and tendonitis injuries. Further clarification of indications and timeframe is also needed. The pilot studies suggest that platelet rich plasma may play a role in the improving clinical outcomes in patients with early onset osteoarthritis at both 6 months and 1 year, and PRP seemed to result in no change by MRI per knee compartment in at least 73% of cases that 1 year, in contrast to exception that osteoarthritis would worsen. The records provided for review failed to indicate the patient had chronic refractory patellar tendinopathy or osteoarthritis to support the use of platelet rich plasma injection. In addition, platelet rich plasma (PRP) injections are under study. As such, the request for platelet rich plasma injection under ultrasound guidance is not supported. Therefore, the request is non-certified.