

Case Number:	CM13-0021505		
Date Assigned:	11/13/2013	Date of Injury:	08/09/2007
Decision Date:	01/22/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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:

The patient is a 46-year-old male who was injured in a work related accident on 08/09/07. Records for review include a 09/03/13 assessment with [REDACTED] for continued complaints of knee pain, spondylolisthesis of the lumbar spine, and testicular dysfunction. The claimant indicates that he is with continued complaints of low back pain as well as testicular pain and isolated knee complaints. It states that a request for a right knee PRP injection had been recommended, but recently denied by the carrier. A formal appeal was being requested based on physical examination that showed 5/5 motor strength and no formal findings to the knee as present. Clinical imaging in regard to the claimant's knee is not documented or supported. At present, there is a request for an injection to the right semitendinosus and semimembranosus, tendinous insertion at the knee with platelet rich plasma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Semitendinosus and semimembranosus tendon injection over medial malleolus tibia with platelet rich plasma: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure- Platelet-rich plasma (PRP).

Decision rationale: Based on the Official Disability Guidelines criteria, as California MTUS Guidelines are silent, PRP injection at the knee is not supported. In regard to PRP injections to the knee, the treatment is "understudy" with no long term demonstration of efficacy versus first line treatment modalities alone. The Guidelines do not formally support the role of PRP injection at present. This specific request to this claimant's knee in absence of physical examination findings, documentation of prior treatment, or formal imaging, thus would not be supported. The request for right semitendinosus and semimembranosus tendon injection over medial malleolus tibia with platelet rich plasma is not medically necessary and appropriate.