

Case Number:	CM13-0022792		
Date Assigned:	11/13/2013	Date of Injury:	02/17/2004
Decision Date:	02/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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 was injured in work related accident 02/17/04 sustaining injury to the left knee. Clinical records for review in this case indicate a recent clinical assessment dated 08/08/13 assessment with [REDACTED] citing continued complaints of pain about the left knee. Specifically of the left knee, it states that he is having pain from an arthritic point of view having failed two prior knee arthroscopies. Objectively there is noted to be swelling with no other significant findings. Radiographs showed advanced cartilage loss of the left knee with "bone on bone" changes. Recommendation at that time was for a PRP injection to the left knee for further treatment. It stated that a "less optimal treatment would include Synvisc 1" and goes on to state "approve the PRP first and viscosupplementation as a fallback.

IMR ISSUES, DECISIONS AND RATIONALES

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

platelet rich plasma (PRP) injection left 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), Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Knee Procedure - Platelet-rich plasma (RPR)

Decision rationale: MTUS Guidelines are silent when looking at ODG criteria. PRP injections to the knee are "understudy" while promising results maybe noted, randomized clinical trials still fail to demonstrate superior efficacy to more first line conservative measures. Based on long term clinical response of the injection that is still not supported by ODG guidelines, the roll of the proposed procedure in this case for the claimant's end stage arthritic left knee would not be indicated.