

Case Number:	CM13-0031328		
Date Assigned:	12/04/2013	Date of Injury:	05/22/2012
Decision Date:	02/14/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 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:

50 year old female with industrial injury 5/22/12 with complaint of right knee pain. Patient status post right knee arthroscopy with medial and lateral meniscectomy with chondroplasty medial femoral condyle and ACI harvest with synovectomy. Exam note from 9/3/13 demonstrates effusion with crepitance with motion. Recommendation for PRP right knee.

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, QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC: ODG Treatment; Integrated Treatment/Disability Duration, Knee and Leg Chapter.

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 Section.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of platelet rich plasma (PRP) injection to the knee. According to the Official Disability Guidelines regarding PRP, "Under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar

tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP 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. (Filardo, 2009) Platelets are known to release various growth factors that are associated with tissue regeneration/healing and angiogenesis, as well as a variety of chemicals (adenosine, serotonin, histamine, and calcium) that may be important in inhibiting inflammation and promoting angiogenesis. The exact mechanism of action in the context of PRP is still being investigated. The healing process in both muscle and tendon injuries starts with an inflammatory/destruction phase, followed by a repair/proliferation phase and then by a remodeling phase. This process is affected by various factors, such as growth factors, immune cells, and numerous chemomodulators, many of which are found in PRP. Findings of in vitro studies and animal studies have suggested that PRP can potentially decrease the inflammatory response and promote the repair and remodeling phases of healing in both muscle and tendon. PRP represents a novel noninvasive treatment method for patients with acute or chronic soft-tissue musculoskeletal injuries. The popularity of PRP has increased in the medical community, and it has received increased media attention in recent years, particularly because professional athletes have undergone this procedure. 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 PRP for muscular and tendinous injuries. Further clarification of indications and time frame is also needed." Based upon the review of the Guidelines there is a lack of high quality trials demonstrating efficacy in treatment of knee conditions. Therefore, the determination is non-certification.