

<b>Case Number:</b>	CM13-0036869		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 60-year-old female who reported an injury on 02/21/2011 due to striking her knee on a money box. The injured worker complained of painful right knee pain. On physical examination of the injured worker's right knee, it was observed that when sitting, she sat without difficulty. She had been wearing no supportive device or brace. She had a slight antalgic gait, favoring the right side. The range of motion of the lower extremities revealed that upon extension of the right, it was 180 degrees and flexion was 130 degrees. Extension of the left was 180 degrees and flexion of the left was 130 degrees. The muscle strength revealed 5/5 on all major muscle groups. The examination of the knee also revealed, upon palpation along the joint line, she had no pain, but more proximately in the region of the vastus lateralis near its insertion onto the superior pull of the patella. There was no crepitus on patellofemoral compression. The right knee was stable to standard ligamentous stress testing in the anterior, posterior, medial, lateral, and rotary planes. McMurray's maneuver was negative. Quadriceps inhibition test was negative as well. X-rays from 05/2013 showed a medial compartment gap measuring only 3 mm, indicating some progressive wear about the medial compartment of the knee. An MRI dated 04/29/2011 revealed a small knee effusion. The posterior lateral aspect of the knee was stated to be normal. There was noted to be a root tear of the medial meniscus with edema. There was a mild extrusion of the body segment along the medial joint line, which was said to show high grade chondral degeneration about the medial tibial plateau with near full thickness chondral loss. There was also said to be a thinning of peripheral aspect of the medial femoral condyle as well. The injured worker has diagnoses of right knee tear of the medial meniscus with cartilage degeneration and near full thickness cartilage loss medial tibial plateau and status post postoperative arthroscopy with microfracture treatment for medial tibial plateau articular

cartilage injury. Past treatment of the injured worker includes physical therapy, sport tape to control her knee pain, and medication therapy. In the submitted reports, there lacked any documentation revealing any type of medication the injured worker might have been on. The current treatment plan was for intra-articular injection with platelet-rich plasma for the right knee. The rationale was not submitted for review. The Request for Authorization was submitted on 09/12/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **INTRA-ARTICULAR INJECTION WITH PLATELET-RICH PLASMA, RIGHT KNEE:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee and Leg.

**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, Corticosteroid injections.

**Decision rationale:** ODG guidelines only recommend intra-articular injections for short-term use. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. Criteria state that in order to be within ODG guidelines the injured worker is required to have knee pain, and at least 5 of the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium and/or over 50 years of age. The submitted report did not mention anything of bony enlargement, bony tenderness, or crepitus on active motion. There was no range of motion listed in the submitted reports. There was also no motor strength testing submitted in the reports. There was lack of an ESR less than 40 mm/hr. There was no documentation stating that the injured worker had less than 30 minutes of morning stiffness. The submitted reports also lacked any information regarding functional deficits the injured worker was having to the right knee. As such, the request is not medically necessary.