

Case Number:	CM13-0037154		
Date Assigned:	03/03/2014	Date of Injury:	10/15/2012
Decision Date:	05/27/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Occupational Medicine, 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 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:

According to the records made available for review, this is a 36-year-old female with a 10/15/12 date of injury. At the time (10/10/13) of the determination for PRP injection to the right knee, there is documentation of subjective (pain in the right knee) and objective (range of motion to 110 degrees with audible popping, small palpable effusion, palpable tenderness of the joint lines, and positive patellofemoral compression testing) findings, current diagnoses (osteocondritis dissecans and patellofemoral syndrome), and treatment to date (medication, physical therapy, home exercise program, and platelet rich plasma injection with 30% benefit).

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP INJECTION RIGHT 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).

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

Decision rationale: MTUS does not address this issue. ODG identifies that platelet-rich plasma therapy to the knee is under study. Therefore, based on guidelines and a review of the evidence, the request for PRP injection to the right knee is not medically necessary.