

Case Number:	CM13-0049241		
Date Assigned:	06/09/2014	Date of Injury:	02/19/2010
Decision Date:	12/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/07/2013

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:

Injured worker is a female with date of injury 2/19/2010. Per orthopedic surgery request for treatment authorization dated 9/30/2014, the injured worker continues to complain of pain and disability of her left hip, right knee, and lower back. She currently does not work as she has painful disability with motion of her lower extremity joints. She performs self directed walking. She reports that her left hip is her primary problem. Her right knee remains painful and swollen. On examination she has an effusion of her right knee. There is no clear ligament instability and some discomfort and crepitus with motion. She has had both cortisone and viscosupplementation with temporary partial relief of her right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee PRP (platelet rich plasma) injection: 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), Knee and Leg, Platelet-rich plasma (PRP)

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 (PRP) section

Decision rationale: The MTUS Guidelines do not address the use of PRP. The ODG states that this treatment is under study. A 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. 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. After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. The requesting physician explains that this injection is less expensive than viscosupplementation and has the potential to heal or improve the internal abnormalities of the injured worker's knee. This treatment remains speculative without adequate evidence. Medical necessity of this request has not been established. The request for Right knee PRP (platelet rich plasma) injection is not medically necessary.