

Case Number:	CM13-0052462		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2013
Decision Date:	03/12/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/15/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 44 year-old with a date of injury of 08/13/13. A PR-2 report by his orthopedic surgeon, dated 10/10/13, identified subjective complaints of left knee soreness with weight bearing and unable to run. Objective findings included tenderness along the quadriceps tendon. Diagnoses included a tear of the quadriceps tendon. A 10/02/13 PR-2 report also indicated the patient had a sprain of the left knee, which appeared to be the original diagnosis when the patient was first injured. He has undergone steroid injections into the knee without relief. Treatment authorized is for surgical repair. A request is made for postoperative injection of PRP X 3. A Utilization Review determination was rendered on 11/14/13 recommending non-certification of "PRP injection".

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Official Disability Guidelines (ODG) - TWC Knee and Leg Procedure Summay.

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 (PRP).

Decision rationale: The Physician Reviewer's decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address platelet-rich plasma (PRP) injections. The Official Disability Guidelines (ODG) note that there is small study that showed efficacy in tendonopathy. However, there is a need for 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. They state: "PRP looks promising, but is not yet ready for prime time." Therefore, there is no documented medical necessity for PRP injections in this case.