MAXIMUS Federal Services

Case Number:	CM13-0052549		
Date Assigned:	12/27/2013	Date of Injury:	01/12/2009
Decision Date:	03/18/2014	UR Denial Date:	11/08/2013
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 Orthopedic Surgeon and is licensed to practice in Texas. 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:

The patient is a 50 year old male who reported an injury on 12/06/2005. The mechanism of injury was stated to be the patient planted and twisted his right knee and developed acute pain and effusion. The patient was noted to have undergone ACI grafting and a recent arthroscopy. The patient was noted to have 1 cm of atrophy and his left knee was noted to lack 8 degrees of extension and flexed to 120 degrees. There was noted to be popliteal fullness and tightness and there was no evidence of DVT. It was indicated that most of the findings were related to a synovitis of the knee. The patient as noted to have inability to pivot and some difficulty with squatting and fullness in the back of the knee. The patient was noted to have trialed prior intra-articular viscosupplementation, but did not have dramatic relief from the treatment. Descending stairs and hills remained uncomfortable. The patient was noted to have a left knee arthroscopy with chondroplasty and debridement on 10/04/2013. The request was made for a platelet rich plasma injection. The patient's diagnoses were noted to include left knee pain/atrophy/decreased range of motion/popliteal fullness and tightness/synovitis/status post surgeries and viscosupplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma (PRP) Injection for the left 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).

Decision rationale: Official Disability Guidelines indicate platelet rich plasma injections are under study. It further indicates that there is 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. The patient underwent a chondroplasty and debridement on 10/04/2013. The physician indicated the patient needed the injection to stabilize and improve the patient's articular defect. However, this treatment is under study and there was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations, the request for a PRP injection for the left knee is not medically necessary.