

<b>Case Number:</b>	CM13-0071011		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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:

The patient is an employee of [REDACTED] and has submitted a claim for left knee pain associated with an industrial injury date of July 15, 2012. Treatment to date has included medications, physical therapy, Euflexxa injections, and left knee meniscectomy and synovectomy. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of left knee pain with minimal relief from Euflexxa injections. On physical examination, there was left iliotibial band tightness and pain with knee range of motion. An MRI of the left knee without contrast dated 9/26/13 showed mild-to-moderate chondromalacia within the patellofemoral compartment; minimal degenerative fraying along the free edge of the body of the lateral meniscus; grossly intact medial meniscus; minimal thickening of the medial collateral ligament; and trace joint effusion. A utilization review from December 4, 2013 denied the request for PRP injections because this procedure is not supported by guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PLATELET-RICH PLASMA (PRP) INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure.

**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 Injection.

**Decision rationale:** The Official Disability Guidelines state that PRP injections to the knees are under study and that after two decades of clinical use, results of therapy are promising but still inconsistent. PRP is still considered investigational and further research is needed. Further clarification of indications and time frame is also needed. In this case, there was no discussion regarding the indication for PRP injections despite the procedure being still under study with inconsistent results. The medical necessity for this procedure has not been established, therefore, the request is not medically necessary and appropriate.