

Case Number:	CM13-0071985		
Date Assigned:	01/15/2014	Date of Injury:	01/19/2011
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 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 injured worker is a 66 year old female who reported an injury on 01/19/2011. The injured worker reported keeping an elderly person from falling while getting dressed caused her to lose her balance and injure her right knee. In the physician's report dated 03/10/2014, the injured worker reported frequent low back pain rated at 5-7/10, constant right knee pain rated 7-8/10 with occasional locking, swelling and weakness, intermittent left knee pain rated at 5/10. An electro-diagnostic report dated 12/09/2013 reported impaired conduction in the L1 lumbar nerve, and the nerves to the upper legs bilaterally, these were rated at severe or very severe. Per the x-ray dated 10/10/2013 there was evidence of moderate to severe hypertrophic changes of the right knee with moderate hypertrophic changes of the left knee without obvious fracture or destructive changes present. Per the physician's note dated 12/09/2013 the injured worker received a synvisc injection of the right knee. The diagnoses reported for the injured worker were chondromalacia patellae, synovitis NOS, and old disrupt anterior cruciate. The injured worker underwent surgery to the right knee on 06/06/2013 to repair the meniscus. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PLATELET-RICH PLASMA INJECTION FOR THE 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), Knee And Leg Chapter, Platelet Rich Plasma.

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.

Decision rationale: Per the Official Disability Guidelines platelet-rich plasma injections are still under study. This 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 exact mechanism of action in the context of PRP is still being investigated. 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. This procedure is still being studied and results are inconsistent with no current recommendations for the use of this therapy in the repair of meniscal tears. Therefore, the request for outpatient platelet-rich plasma injection to the right knee is not medically necessary.