

Case Number:	CM14-0101113		
Date Assigned:	09/16/2014	Date of Injury:	05/29/2012
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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 Pain 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 injured worker is a 53-year-old female who sustained an injury on May 29, 2012. She is diagnosed with (a) left knee/leg sprain/strain - status post left knee surgery with partial meniscectomy and chondroplasty on October 31, 2013; (b) internal derangement of the left knee; (c) cervical spine sprain/strain; (d) thoracic spine sprain/strain; (e) lumbar spine sprain/strain; and (f) lumbosacral neuritis/radiculitis. She was seen for an evaluation on June 11, 2014. She complained of left knee pain. The pain was rated 3/10 but increased up to 7-8/10 with prolonged walking of 15 to 30 minutes. Examination of the left knee revealed decreased flexion. Patellar compression test was negative. There was pain with palpation on the medial compartment. Drawer's test was positive for ligament instability. There was 2+ edema with three well-healed postsurgical portals on the area. Magnetic resonance imaging scan of the left knee dated July 17, 2012 was reviewed. Findings revealed (a) moderated degenerative changes of the medial compartment; (b) large complex tear of the posterior horn and body of the medial meniscus; (c) myxoid degeneration of the anterior cruciate ligament; and (d) mild to moderate chondromalacia changes of the patella femoral joint. Platelet-rich plasma injection to the left knee was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Platelet-Rich Plasma

Decision rationale: The request for platelet-rich plasma injection is not considered medically necessary at this time. The Official Disability Guidelines stated that this intervention is "still under study." There has been limited evidence provided to prove its effectiveness against knee pain. Therefore based on the lack of proven efficacy the request for injection to the left knee is not medically necessary at this time.