

<b>Case Number:</b>	CM14-0102712		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Family 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:

Patient had a date of injury on 8/30/2011. While patient was kicking a heavy bag during his workout he hyperextended his left knee and felt immediate discomfort. Patient underwent arthroscopic surgery in the left knee on 5/4/2012 with good results. Patient has had Kenalog and Synvisc injections which have provided some relief. Diagnosis includes bilateral knee patellofemoral chondromalacia, left knee status post arthroscopy, and chondromalacia of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluate and treat with [REDACTED] for possible PRP for bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Knee and Leg.

**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

**Decision rationale:** According to guidelines it states office visits are recommended as medically necessary. Platelet rich plasma injections in the knee are still under study and are not recommended currently and thus is not medically necessary.

