

Case Number:	CM14-0011221		
Date Assigned:	02/21/2014	Date of Injury:	11/12/2009
Decision Date:	07/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 a 38-year-old male who has submitted a claim for tear of medial cartilage or meniscus of knee, current, associated with an industrial injury date of November 12, 2009. Medical records from 2013 were reviewed. The patient complained of left knee pain. Physical examination of the left knee showed tenderness over the origin of the patellar tendon on the tibial tubercle; crepitation on patellofemoral compression and limitation of motion. The diagnoses were left knee chondromalacia patella, left knee medial meniscectomy and left knee patellar tendinopathy. The treatment plan includes requests for PRP injection to the left patella and pain management consultation. Treatment to date has included oral and topical analgesics, left knee injections, left knee surgery, physical therapy and home exercise program. Utilization review from January 23, 2014 denied the request for 1 PRP injection to the left patella under ultrasound guidance due to lack of substantial medical evidence for efficacy. The request for 1 consultation with pain management was also denied because no other guideline-supported therapies have been trialed aside from post-operative physical therapy. There is also no evidence that a home program is being performed to manage the symptoms. Exam findings appear relatively normal aside from patella tendon tenderness, and the provider discussed this consultation as related to the PRP injection, which was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PLATELET RICH PLASMA INJECTION TO THE LEFT PATELLA UNDER ULTRASOUND GUIDANCE BETWEEN 1/10/2014 AND 3/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Actue & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Platelet-rich Plasma (PRP).

Decision rationale: California MTUS does not specifically address platelet-rich plasma (PRP) for the knee. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that platelet-rich plasma (PRP) injections are under study. In a blinded, prospective, randomized trial of PRP vs placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. Platelet-rich plasma did not help patients recover from arthroscopic rotator cuff surgery in this study. In this case, there was no objective evidence of failure of conservative treatments to relieve left knee pain. The guideline states that PRP injections are still under study. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 1 platelet rich plasma injection to the left patella under ultrasound guidance is not medically necessary.

1 CONSULTATION WITH PAIN MANAGEMENT BETWEEN 1/10/2014 AND 3/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, Page 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127,156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by California MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In this case, the patient complained of chronic left knee pain. However, there was no evidence of uncertainty and complexity of the condition that warrant consultation with another specialist. Moreover, there was also no evidence that other conservative treatments have failed or have been exhausted. The medical necessity has not been established. Therefore, the request for 1 consultation with pain management is not medically necessary.