

Case Number:	CM14-0012436		
Date Assigned:	02/21/2014	Date of Injury:	08/06/2008
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and thigh pain reportedly associated with an industrial injury of August 6, 2008. Thus far, the applicant has been treated with analgesic medications, attorney representations, earlier knee arthroscopy in October 2011, adjuvant medications and short- and long-acting opioids. In a Utilization Review Report dated January 15, 2014, the claims administrator denied a request for platelet-rich plasma injections for the right quadriceps tendon, citing non-MTUS ODG Guidelines, which suggested that platelet-rich plasma injections are under study. Despite the fact that some of the articles incorporated into the ODG Guideline stated that there were specifically significant results following platelet-rich plasma injections, the claims administrator wrote that there was "absolutely no scientific data" to substantiate the usage of platelet-rich plasma injections. The applicant's attorney subsequently appealed. A progress note dated March 3, 2014 was notable for comments that the applicant reported multifocal 5-10/10 low back, shoulder, and knee pain. The applicant was using Percocet and OxyContin for pain relief, it was stated. The applicant was not currently working as a forklift driver, it was stated. The applicant was also described as using other agents, including Doxepin, Duexis, Cymbalta, and Voltaren gel, it is stated. The applicant was depressed, it is further noted. The applicant is asked to continue opioid therapy. The applicant was again placed off of work, on total temporary disability. An earlier note of February 7, 2014 is again notable for comments that the applicant was reportedly improving with opioids despite ongoing complaints of depression and chronic pain. The applicant was again placed off of work, on total temporary disability. In a January 3, 2014 letter, the applicant's knee surgeon felt that the applicant carries a diagnosis of quadriceps tendinitis. The applicant's knee surgeon stated that he believed that the applicant had some evidence of quadriceps tendinitis, despite a negative reading from the radiologist. A platelet-rich

plasma injection of the quadriceps tendon under guidance was apparently sought. It was stated that the applicant was not a candidate for a surgical remedy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP BLOOD HARVEST WITH INJECTION FOR RIGHT QUAD TENDON 0232T:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Platelet Rich Plasma.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Platelet-Rich Plasma Injection.

Decision rationale: The California MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Knee Chapter, there is "no recommendation" on platelet-rich plasma injections for tendinopathy/tendinitis, the issue present here. Similarly, the ODG Knee Chapter notes that platelet-rich plasma injections are deemed "under study." ODG does, however, go on to cite a small study which found a specifically significant improvement in applicants with chronic refractory patellar tendinopathy who undergo multiple platelet-rich plasma injections. In this case, equally importantly, the applicant has tried and failed lesser levels of care and/or treatments which carry more favorable recommendations within the medical treatment utilization schedule, including analgesic medications, opioid therapy, earlier knee arthroscopy/debridement surgery, physical therapy, etc. The applicant has clearly failed to respond favorably to numerous first-, second-, and third-line treatments. The applicant remains off of work, on total temporary disability. A trial of platelet-rich plasma injection therapy may therefore be indicated, despite the tepid ACOEM and ODG recommendations. Therefore, the request is medically necessary.