

Case Number:	CM14-0016961		
Date Assigned:	04/16/2014	Date of Injury:	03/16/2012
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology has a subspecialty in Pain Management 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 submitted a claim for mild left knee osteoarthritis associated with an industrial injury date of 03/16/2012. Treatment to date has included arthroscopy, partial lateral meniscectomy, extensive synovectomy, resection of impinging medial synovial plica and chondroplasty of the left knee on 01/24/2013, Synvisc, Gel One, and steroid injections, physical therapy, and medications including Celebrex and omeprazole. Utilization review from 01/23/2014 denied the request for platelet-rich plasma (PRP) injection to the left knee because PRP has never been proven to be more effective compared to other treatment procedures. Medical records from 2013 were reviewed showing that patient complained of chronic bilateral knee, neck, back, and upper extremities pain. Physical examination showed tenderness at the bilateral forearm flexor and extensor. She was able to fire her interosseous APB and EPL without significant weakness. Bilateral grip strength, Jamar 3 was 10 pounds bilaterally. Range of motion was intact in the hands, wrist and bilateral hips. Knee range of motion was 0 - 135 degrees bilaterally. There was no valgus or varus instability. Strength was 5/5. Tinel's sign resulted to tingling sensation at second and third fingertips bilaterally. Gait was antalgic. Sensation was intact. MRI of the left knee, dated 04/06/2012, revealed patellar chondromalacia and no evidence of internal derangement. Repeat MRI on an unspecified date revealed grade 3 chondromalacia on the lateral tibial plateau of the left knee; cartilage on the medial compartment was pristine and there was only mild patellofemoral chondromalacia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA INJECTION TO THE 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), Platelet-rich plasma (PRP).

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 (PRP).

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter was used instead. It states that PRP injections to the knees are under study. After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. PRP is still considered investigational and further research is needed before it can be made available to the general population. In this case, the stated rationale for PRP use is because the patient already failed other knee injections using Synvisc, Gel One, and steroids. However, this is not an indication for PRP as stated in the guidelines above. Furthermore, the present request does not indicate the laterality for injection. Therefore, the request for platelet-rich plasma injection to the knee is not medically necessary and appropriate.