

Case Number:	CM14-0018420		
Date Assigned:	04/18/2014	Date of Injury:	03/06/2013
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/13/2014

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 Orthopedic surgery 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 claimant is a 60-year-old gentleman who sustained an injury to the left knee on March 6, 2013. The clinical records provided for review include a January 15, 2014 progress report documenting that the claimant has been authorized for a diagnostic arthroscopy with quadriceps repair, preoperative assessment and postoperative use of a brace and a cryotherapy device. This review is for a platelet-rich plasma (PRP) injection to be performed intra-operatively in regards to the claimant's quadriceps repair procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP HARVEST/APPLICATION SURGERY: 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), Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure - Platelet-rich plasma (PRP).

Decision rationale: The California ACOEM Guidelines do not address this specific request but recommend surgical consultation for patients who have: Activity limitation for more than one

month; and Failure of exercise programs to increase range of motion and strength of the musculature around the knee. When looking at Official Disability Guidelines (ODG), the request for platelet rich plasma injections in the intra-operative setting would not be indicated. Surgery for quadriceps tendon repair with diagnostic arthroscopy has been authorized. The request for platelet-rich plasma (PRP) injection would not provide any benefit in the long term. The ODG's criteria indicate that PRP injections in the setting of the knee are under study with long term demonstration of efficacy still unproven. As such, the request for PRP Harvest/Application surgery is not supported as medically necessary.