

Case Number:	CM14-0019122		
Date Assigned:	04/23/2014	Date of Injury:	05/15/2009
Decision Date:	07/03/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/14/2014

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 and is licensed to practice in Florida. 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 injured worker is a 51 year old female who reported an injury on 05/15/2009. The mechanism of injury was reportedly related to a fall. Per the clinical note dated 01/08/2014 there was reported continued pain to the right shoulder and bilateral knees with the left knee worse. Upon physical exam the injured worker was reported to have tenderness to the right trapezius, supraspinatus, and subacromioclavicular areas of the right shoulder with a positive impingement test. Abduction and flexion were both at 160 degrees with extension at 50 degrees. There was tenderness reported to the bilateral patellofemoral and prepatellar tendon of the left knee. The diagnoses for the injured worker included shoulder arthralgia, shoulder impingement, bursitis, knee bursitis, knee chondromalacia patella, and patellar tendinitis. The request for authorization for medical treatment was dated 01/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET-RICH PLASMA INJECTION FOR THE LEFT KNEE UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: According to the Official Disability Guidelines, platelet-rich plasma injections are still under study. Guidelines indicate there is a small study that found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The exact mechanism of action in the context of PRP is still being investigated. Guidelines indicate there is a need for further basic-science investigation, as well as randomized, controlled trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendinous injuries. This procedure is still being studied and results are inconsistent with no current recommendations for the use of this therapy in the repair of meniscal tears. Furthermore, Official Disability Guidelines states that in the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary. Therefore, the request is not medically necessary and appropriate.