

<b>Case Number:</b>	CM14-0112441		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Texas. 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 66-year-old male who reported an injury on 12/03/2012. The mechanism of injury was not provided for review. The injured worker underwent bilateral weight bearing knee x-rays on 03/24/2014. It was noted that the injured worker had a complete loss of medial joint space with medial joint spur formation and sub-chondral medial joint sclerosis. It was noted that the injured worker had narrowing of the patellofemoral with questionable loose bodies and moderate sized infrapatellar corticated soft tissue ossification. It was determined that the injured worker had significant right-sided degenerative changes with possible loose bodies. The injured worker's treatment history included 4 sessions of physical therapy. The most recent clinical documentation submitted for this review was an Agreed Medical Evaluation dated 04/28/2014. The injured worker's diagnoses included status post left knee total knee replacement with slight restriction and range of motion, and right knee degenerative arthritis, tricompartmental. There was no physical evaluation submitted within this report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Plasma rich protein injection for the right 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, 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 and Leg Chapter, Platelet-rich plasma (PRP).

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address this type of injection. Official Disability Guidelines do not recommend platelet rich plasma injections as they are considered under study. Although initial outcomes have been promising, scientific evidence has still been considered inconsistent. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested plasma rich protein injection for the right knee is not medically necessary.

**1 Right knee arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommend surgical intervention for knee injuries be supported by clear clinical examination findings of deficits that would benefit from surgical intervention corroborated by pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has undergone a minimal course of physical therapy. However, there is no documentation that the injured worker has exhausted all lower levels of treatment prior to surgical intervention. Furthermore, the most recent clinical documentation submitted for review does not provide any physical deficits that would require surgical intervention. Additionally, the request as it is submitted does not clearly identify what type of surgical procedure is being requested using the arthroscopic technique. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested right knee arthroscopy is not medically necessary.