

Case Number:	CM14-0114076		
Date Assigned:	08/01/2014	Date of Injury:	01/05/2010
Decision Date:	10/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation, 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:

This is a 64-year-old male with a 01/5/2010 date of injury. A specific mechanism of injury was not described. 7/10/14 determination was non-certified given that the location of the injection (i.e. intra-articular, patella tendon, quad tendon) is not specified or correlated to pathology indicated on imaging. In addition, the guidelines stated that platelet rich plasma injections are not ready for primetime. The only medical report provided for review, 6/23/14, is handwritten and very difficult to read. There is indication of lower back and left knee pain with sitting and walking for prolong period of time; walking up stairs. The rest of the subjective findings were not legible. Exam revealed mild distress to standing and in seated position. Noted was Limping on the left, tenderness to the lumbar spine and left knee medial joint line, and parapatellar position. There is also positive patella compression test, limited range of motion (ROM), left knee flexion was illegible, pain and crepitation. Diagnoses included left knee internal derangement, injury knee, and psych disorder. Treatment to date includes medication and Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Platelet-Rich Plasma injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee and Leg (updated 06/05/14), 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) Platelet-rich plasma (PRP)

Decision rationale: The ODG stated that 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. Further clarification of indications and time frame is also needed. There was no rationale for the necessity of a platelet rich plasma injection despite lack of substantial evidence based indications for its use. The most recent progress note was handwritten, very difficult to read, and did not discuss necessity of treatment that remains under study. There is no clear description of failure of guideline recommended treatment options. Such as, Left knee Platelet-Rich Plasma injection is not medically necessary.