

Case Number:	CM14-0121215		
Date Assigned:	08/06/2014	Date of Injury:	12/10/2013
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 55 year old female with a work injury date on 12/10/13. The diagnoses include: entrapment neuropathy in the upper limb, and knee and hand pain. Under consideration is a request for PRP (platelet rich plasma) injection to left 1st CMC (carpometacarpal) joint and PRP (platelet rich plasma) injection to left knee. The physician report dated 6/12/14 states that the patient complains of left knee and right knee pain, and left and right hand pain. Patient has fallen twice; the condition is associated with joint stiffness, swelling, numbness and tingling. It is aggravated by any activity or movement. Factors that relieve the pain include application of cold and heat packs and medication. Treatments received include physical therapy. The patient states she has numbness and pain in both hands daily. On the left upper extremity she has sharp pain in the medial aspect of the forearm and elbow, along the thumb at the CMC joint and numbness and tingling with pain in the median nerve distribution. Her past surgical history includes carpal tunnel release. On exam her bilateral wrists reveal Phalen's and Tinel's sign is positive. Tenderness to palpation is noted along her radial side. The knee exam reveals tenderness to palpation over the medial joint line. No joint effusion is noted. The treatment plan states that this is a complex case with multiple injuries. She has a history of previous injuries to the hands which was settled on 4/1/2004. She has a prior injury to the left knee injury in 2011 which is settled on 3/21/2012. The physician is recommending PRP treatment for the wrist, medial epicondylitis and the left knee. In addition to pain she also complains of muscle spasms, numbness, tingling and weakness. Since last visit she is continuing to work. Her medications include Vicodin and Celebrex. The request for PRP treatment for the wrist, medial epicondylitis and the knee is pending. An EMG/NCS of the upper extremities is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP (platelet rich plasma) injection to left 1st CMC (carpometacarpal) joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Forearm, wrist and hand reviewed but PRP not addressed) Other Medical Treatment Guideline or Medical Evidence: Aetna: Clinical Policy Bulletin: Blood Product Injections for Selected Indications Number: 0784.

Decision rationale: PRP (platelet rich plasma) injection to left 1st CMC (carpometacarpal) joint is not medically necessary. The MTUS and ODG do not specifically address PRP injections to the hand. The Aetna Clinical Policy Bulletin was reviewed and states that Aetna considers autologous blood injection experimental and investigational for the treatment of tendonopathies (e.g., elbow, heel, knee, and shoulder) and all other indications because its effectiveness has not been established. Due to the absence of support for these injections at the current time the request for PRP (platelet rich plasma) injection to left 1st CMC (carpometacarpal) joint cannot be recommended and is not medically necessary.

PRP (platelet rich plasma) injection to left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online.

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) Other Medical Treatment Guideline or Medical Evidence: Aetna: Clinical Policy Bulletin: Blood Product Injections for Selected Indications Number: 0784.

Decision rationale: PRP (platelet rich plasma) injection to left knee is not medically necessary per the ODG and Aetna guidelines. The ODG knee chapter states that these injections are under study. A small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendonopathies and a further improvement was noted at six months, after physical therapy was added. The Aetna guidelines state that autologous blood injection experimental and investigational for the treatment of tendonopathies (e.g., elbow, heel, knee, and shoulder) and all other indications because its effectiveness has not been established. Due to the absence of support for these injections at the current time the request for PRP (platelet rich plasma) injection to left knee is not medically necessary.

