

<b>Case Number:</b>	CM14-0125623		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Texas and Ohio. 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 52-year-old male with a reported date of injury on 02/22/2006. The injury reportedly occurred when the injured worker was scuffling with an inmate on drugs and got kicked in the knee. His diagnoses were noted to include left knee pain and status post patellar tendon debridement. His previous treatments were noted to include physical therapy, acupuncture, surgery, exercising, medications, and Synvisc injections. The progress noted dated 07/08/2014 revealed the injured worker complained of persistent left knee pain. The injured worker stated the left knee pain ranged from about 6/10 in intensity when he used the Cymbalta and medications. The injured worker reported he had been fairly stable on medications and was doing a daily exercise program with bicycling and stretching exercises. The physical examination revealed the left knee range of motion appeared within normal limits in flexion and extension. There was a positive Lachman's and anterior drawer test. Valgus stress testing showed mild laxity in the medial collateral ligaments. The injured worker did not have tenderness at the medial joint line, but did have it towards the patella, and there was some crepitus on the patella with flexion and extension of the knee. The injured worker indicated the procedure that provided the most relief was the platelet rich plasma injections, and the injured worker reported he had total resolution of pain and did not have to take medications during that time frame. The Request for Authorization form dated 07/21/2014 was for a platelet rich plasma injection to the left knee for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP injection x one for left 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: Knee & 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), Knee and leg, Platelet-rich plasma.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Knee and leg, Platelet-rich plasma The Expert Reviewer's decision rationale:The request for a platelet rich plasma injection x1 for the left knee is non-certified. The injured worker has received a platelet rich plasma injection with total resolution of his pain. The Official Disability Guidelines state that "platelet rich plasma injection is under study." This small study found a statistically significant improvement in all scores at the end of multiple platelet rich plasma injections in patients with chronic refractory patellar tendinopathy and further improvement was noted at 6 months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. The guidelines state "PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet." The guidelines state there is "a need for further basic-science investigation, as well as randomized, control trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendonitis injuries." Therefore, due to the lack of basic science investigation, randomized control trials, identified benefits, side effects, and adverse effects of PRP, it is not appropriate at this time. Therefore, the request is not medically necessary.