MAXIMUS Federal Services

| Case Number: | CM14-0131975 | | |
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| Date Assigned: | 09/19/2014 | Date of Injury: | 12/15/2002 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 49 year old male with an injury date of 12/15/02. Based on the 07/11/14 progress report provided by treating physician, the patient complains of bilateral knee pain, left greater than right, rated 3/10. Physical examination of the bilateral knees revealed 4 well-healed portal scars on the left knee and 2 on the right, tenderness over the medial and lateral joint lines and slightly decreased range of motion. Treater is requesting platelet-rich plasma for the bilateral knees to help regenerate the cartilage lost due to the mild-to-moderate osteoarthritis. Naproxen helps patient's pain from a 6 down to a 3 and allows him to continue working unrestricted.Diagnosis 07/11/14, Right knee mild to moderate post-traumatic osteoarthritis, Left knee mild to moderate post-traumatic osteoarthritis. The utilization review determination being challenged is dated 08/07/14. Treatment reports were provided from 03/13/14 - 07/11/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Plasma Therapy Bilateral Knees:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Edition Knee and Leg Chapter Update 07/19/2012

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, Platelet-rich plasma (PRP)

**Decision rationale:** The patient presents with bilateral knee pain, left greater than right, rated 3/10. The request is for Platelet Rich Plasma Therapy Bilateral Knees. Patient's diagnosis dated 07/11/14 was bilateral knee mild osteoarthritis. Naproxen helps patient's pain from a 6 down to a 3 and allows him to continue working unrestricted. MTUS is silent regarding request, however ODG-TWC states under knee chapter: "Under study. This 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 tendinopathy and a further improvement was noted at six months, after physical therapy was added." ODG appears to support PRP injections for early OA of the knee stating: "A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients." "Platelet-rich plasma injections can benefit patients with cartilage degeneration and early osteoarthritis (OA) of the knee, according this RCT. In patients with minimal OA, platelet-rich plasma (PRP) works better than hyaluronic acid." Per progress report dated 07/11/14, treater is requesting platelet-rich plasma for the bilateral knees to help regenerate the cartilage lost due to the mild-to-moderate osteoarthritis. The patient is less than 50 years old. The request is reasonable and meets guideline indications. Therefore this request is medically necessary.

**Supartz Injection Bilateral Knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for Hyaluronic Acid or Hylan

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, Hyaluronic acid injections

**Decision rationale:** The patient presents with bilateral knee pain, left greater than right, rated 3/10. The request is for SUPARTZ INJECTION BILATERAL KNEES. Patient's diagnosis dated 07/11/14 was bilateral knee mild osteoarthritis. Naproxen helps patient's pain from a 6 down to a 3 and allows him to continue working unrestricted.ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter states: "Hyaluronic acid injections - Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or

for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established.After meniscectomy: This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended. (Baker, 2012) Also see Criteria below: Patients should not have failed previous knee surgery for their arthritis, such as arthroscopic debridement.Treater has not provided reason for the request. Physical examination of the bilateral knees on 07/11/14 revealed 4 well-healed portal scars on the left knee and 2 on the right. It appears patient has had surgery to the bilateral knees, however treater has not provided history. ODG does not recommend Hyaluronic acid injections post arthroscopic meniscectomy. Furthermore, patient does not present with severe osteoarthritis. A decision cannot be made based on guidelines due to lack of documentation. Recommendation is for denial.