

Case Number:	CM14-0139685		
Date Assigned:	09/05/2014	Date of Injury:	04/19/2014
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency Medicine 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 patient is a 35-year-old male who reported an injury on 04/19/2014 after handcuffing a suspect. He was kicked, which caused him to fall onto his right knee. The injured worker reportedly sustained an injury to his right knee. The injured worker's treatment history to date includes physical therapy, nonsteroidal anti-inflammatory drugs, and a knee brace. The injured worker underwent an MRI in 05/2014 of the right knee that documented there was evidence consistent with patellar tendonitis. The injured worker underwent an ultrasound of the right knee on 07/14/2014 that documented there was evidence of patellar tendonitis. The patient was evaluated on 07/22/2014. Physical findings included painful range of motion described as 0 to 130 degrees in flexion, with tenderness to palpation at the patellar tendon insertion site, consistent with chronic patellar tendinosis. A request was made for ultrasonic debridement of the patellar tendon under sedation, with a platelet rich plasma injection. A Request for Authorization form was submitted on 07/23/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Patellar Tendon with PRP Injection and Debridement with [REDACTED]: 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 Platelet-rich plasma Citation for debridement: <http://www.ncbi.nlm.nih.gov/pubmed/15147995>

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) injections Other Medical Treatment Guideline or Medical Evidence: Wheeless' Textbook of Orthopaedics, Patellar Tendontitis (jumper's Knee) http://www.wheelessonline.com/ortho/patellar_tendonitis_jumpers_knee

Decision rationale: The requested right knee patellar tendon with PRP injection and debridement with [REDACTED] is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of surgical intervention. Official Disability Guidelines also do not address debridement of the patellar tendon. Alternative guidelines, Wheeless's Textbook of Orthopaedics, state that debridement is supported as a normal standard of practice to remove foreign tissue build up consistent with tendonitis. Therefore, debridement would be indicated in this clinical situation. However, Official Disability Guidelines do not recommend the use of platelet rich plasma injections in the knee, as they are still considered under study and investigational. There were no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Although 1 element of the request is supported, the request does include elements that are not supported. Therefore, the request in its entirety would not be supported in this clinical situation. As such, the requested right knee patellar tendon with PRP injection and debridement with [REDACTED] is not medically necessary or appropriate.