

Case Number:	CM14-0151963		
Date Assigned:	09/22/2014	Date of Injury:	02/01/1999
Decision Date:	10/31/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/17/2014

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 & 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 63 year old male with an injury date of 02/01/99. Based on the 08/08/14 progress report by [REDACTED] the patient presents with left knee pain. Physical examination to the left knee reveals no bursa or soft tissue swelling and mild thigh muscle atrophy. Pain present with medial McMurray. Negative patellar compression test. Positive patellar crepitation test. No palpable defect and no osteophytes. Patient is status post Supartz injections 05/28/14. Patient reports minimal improvement with Supartz injections, but his activities of daily living are still painful. Patient may return to full regular duties at work. Per progress report dated 08/08/08, treater plans Platelet rich plasma injection, left knee. Diagnosis 08/08/14- osteoarthritis unspec gen/loc low leg, left knee- tear med cart/meniscus knee current, left knee [REDACTED]. [REDACTED] is requesting Inj tendon sheath/ligament. The utilization review determination being challenged is dated 08/21/14. The rationale is: "Series of 5 Supartz injections to left knee: The ODG states, "Repeat series of injections: If documented significant improvement in symptoms for 6 months or more." There is no documentation of any significant improvement in the patient's symptoms documented..." [REDACTED] is the requesting provider, and he provided treatment reports from 03/05/13 - 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJ TENDON SHEATH/LIGAMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC states under knee chapter

Decision rationale: Patient presents with left knee pain The request is for Inj tendon sheath/ligament. He is status post Supartz injections 05/28/14 with minimal improvement. His diagnosis dated 08/08/14 includes osteoarthritis unspec gen/loc low leg, left knee and tear med cart/meniscus knee current, left knee. Utilization Review letter dated 08/21/14 appears to have misinterpreted request for repeat Supartz injections. Per progress report dated 08/08/08, treater plans Platelet rich plasma injection, left knee.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 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."Patient presents with left knee pain The request is for Inj tendon sheath/ligament. He is status post Supartz injections 05/28/14 with minimal improvement. His diagnosis dated 08/08/14 includes osteoarthritis unspec gen/loc low leg, left knee and tear med cart/meniscus knee current, left knee. Utilization Review letter dated 08/21/14 appears to have misinterpreted request for repeat Supartz injections. Per progress report dated 08/08/08, treater plans Platelet rich plasma injection, left knee.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 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."

Physical examination to the left knee dated 08/08/14 reveals no bursa or soft tissue swelling and mild thigh muscle atrophy. Pain present with medial McMurray. Negative patellar compression test. Positive patellar crepitation test. No palpable defect and no osteophytes. Though patient is over 50 years old, he presents with osteoarthritis that does not appear severe, based on physical examination. He also presents with medial cartilage tear. Patient appears to be a candidate for platelet rich plasma injection per ODG indications. The request is medically necessary.