

Case Number:	CM14-0154238		
Date Assigned:	09/23/2014	Date of Injury:	03/22/2006
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 injured worker is a 61-year-old male who reported an injury of unspecified mechanism on 03/22/2006. On 08/22/2014, he presented with bilateral hip and right knee pain. The progress note revealed that the onset of his right knee pain was 7 years ago. He rated his pain at 4/10. The pain was aching and sharp and did not radiate. It was aggravated by climbing stairs, movement, and walking. The pain was relieved by rest. In 1993, he underwent an arthrocentesis of the right knee. In 2010, he underwent an arthroscopy of the right knee. Upon examination, there was tenderness to the medial joint line, medial patellar facet, lateral joint line, biceps femoris, and distal hamstrings. He had a positive lateral McMurray's test. The treatment plan included a request for PRP injection of the right knee. The rationale stated that this worker could not tolerate cortisone. It further stated that viscosupplementation injections were not effective. The note concluded that PRP injections were safe and more effective in pain control and longer lasting than cortisone for knee osteoarthritis. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Platelet-rich plasma injection to right knee between 08/22/2014 and 12/04/2014: 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 (Acute & Chronic)

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).

Decision rationale: The request for 1 Platelet-rich plasma injection to right knee between 08/22/2014 and 12/04/2014 is not medically necessary. The Official Disability Guidelines note that platelet rich plasma injections of the knee are under study. A 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 a further improvement was noted at 6 months, after physical therapy was added. There was no evidence in the submitted documentation that this injured worker had refractory patellar tendinopathy. 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. The clinical information submitted failed to meet the evidence based guidelines for the use of PRP injections. Therefore, this request for 1 Platelet-rich plasma injection to right knee between 08/22/2014 and 12/04/2014 is not medically necessary.