

Case Number:	CM14-0162669		
Date Assigned:	11/03/2014	Date of Injury:	09/12/2011
Decision Date:	12/08/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 51-year-old male with a date of injury of 09/12/2011. The listed diagnosis per [REDACTED] is left knee medial compartment osteoarthritis. According to progress report 09/15/2014, the patient presents with chronic left knee pain. The patient had an Orthovisc injection and "still having some persistent pain." His last injection was in April 2014. Operative reports were not provided for my review. Examination revealed tenderness over the medial joint line and +1 effusion. There is normal sensation throughout with 5/5 strength of the quadriceps, EHL, tibialis anterior, gastroc soleus, and +2 radial pulses. This is a request for 1 platelet-rich plasma injection for the left knee. Utilization review denied the request on 09/25/2014. The medical file provided for review includes treatment reports from 03/24/2014, 04/09/2014, and 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One platelet rich plasma injection for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under the knee and leg chapter has the following regarding platelet-rich plasma (PRP)

Decision rationale: This patient presents with chronic left knee pain. The treater is requesting 1 platelet-rich plasma injection for the left knee. The ACOEM and MTUS Guidelines do not discuss platelet-rich plasma injections to the knee. Therefore, ODG Guidelines are referenced. ODG Guidelines under the knee and leg chapter has the following regarding platelet-rich plasma (PRP), "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 a further improvement was noted at 6 months after physical therapy was added." In this case, ODG guidelines states Platelet rich plasma injections are under study and improvement was found only in patients with chronic refractory patellar tendinopathy, which the treater does not document. Recommendation is for denial.