

Case Number:	CM14-0168342		
Date Assigned:	10/16/2014	Date of Injury:	03/17/2014
Decision Date:	12/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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 55year old male with an injury date on 03/17/2014. Based on the 08/15/2014 progress report provided by the treating physician, the diagnoses are: 1. Right knee meniscal tear2. Status post right knee arthroscopy, 3. Right illiotibal band insertional tendonitis4. Left knee post-traumatic early arthritis, 5. Chronic lumbar strain due to gait abnormality. According to this report, the patient complains of "continues bilateral knee pain, which radiates to his ankle. He ambulates with an abnormal gait. Pain increase with prolonged standing and walking, going up and down stair, going down greater and rising from a seated position." Patient rates the pain as a 5-8/10 on the pain scale. Physical exam of the knees reveals tenderness at the bilateral patella, patella tendons and right medial/lateral joints lines. Range of motion is 0-140 degrees. Patellofermoral grind test is positive. Per treating physician, "MRI showed a possible tear" and X-ray showed "mild medial joint space narrowing with about 2 mm joint space." MRI and X-ray reports were not included in the file for review. Patient's treatment history includes physical therapy and Supartz injection. There were no other significant findings noted on this report. The utilization review denied the request for Intra-articular platelet-rich plasma injection to the right knee on 09/10/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 03/17/2014 to 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraarticular platelet-rich plasma injection to the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter online under Platelet-rich plasma (PRP)

Decision rationale: According to the 08/15/2014 report, this patient presents with "continues bilateral knee pain, which radiates to his ankle." The current request is for Intra-articular platelet-rich plasma injection to the right knee. The treating physician states "The patient has had some physical therapy and cortisone injections directly into this area previously" and there is "early too mild post -traumatic arthrosis and arthritic changes that are seen on x-ray." Regarding platelet-rich plasma injections, ODG guidelines state that it's under study and that there is some support for chronic, refractory tendinopathy and early osteoarthritis. Review of report shows the treating physician documented that the patient has "early to mild post -traumatic arthrosis and arthritic changes" to the left knee. In this case, the requested Intra-articular platelet-rich plasma injection to the right knee appears reasonable and consistent with ODG guidelines. Recommendation is for authorization.