

Case Number:	CM14-0168357		
Date Assigned:	10/16/2014	Date of Injury:	10/12/2009
Decision Date:	12/24/2014	UR Denial Date:	09/16/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 10/12/09. A utilization review determination dated 9/16/14 recommends non-certification of PRP to left knee. Monovisc injection to the left knee was certified. 8/20/14 medical report identifies a history of left knee arthroscopy. There is knee swelling and increased pain. On exam, there is a mild left knee effusion, 1A Lachman, crepitus with ROM in the patellofemoral space. X-rays show significant joint space narrowing, particularly laterally in the patellofemoral space of the left knee and osteophyte formation along the posterior and lateral aspect of the patella. The provider recommended PRP injection and noted that viscosupplementation is also an option.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP TO LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Platelet-rich plasma (PRP)

Decision rationale: Regarding the request for PRP to left knee, California MTUS does not address the issue. ODG cites that PRP is under study, as there is a need for further basic-science investigation, as well as randomized, controlled trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendinous injuries. Further clarification of indications and time frame is also needed. Within the documentation available for review, there is no clear rationale for PRP injections despite the lack of consistent support for their use in the management of the patient's cited injuries. In light of the above issues, the currently requested PRP to left knee is not medically necessary.