

Case Number:	CM14-0174262		
Date Assigned:	10/24/2014	Date of Injury:	05/01/2005
Decision Date:	12/11/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 62 year-old male with a 5/1/05 date of injury, when the patient arose from a seated to a standing position and felt an acute onset of pain in his right knee. Although he underwent right knee arthroscopic surgery for a meniscal tear in 2005, he continued to experience pain postoperatively. In a treatment note dated 11/7/11, a description of x-rays of the bilateral knees was detailed, and described the medial joint space of the right knee as measuring 3 mm, versus 4 mm on the left, The lateral joint space measured 7 mm on the right and 6.5 mm on the left. The patient was most recently seen on 5/7/14 with complaints of persistent right knee pain, albeit improved following a Synvisc injection in January 2014. Exam findings revealed tenderness along the medial and lateral jointline, and crepitus with flexion. The patient's diagnoses included: 1) Localized primary osteoarthritis of the lower leg. 2) Status post right knee arthroscopic surgery 2005. The medications included: Norco, Ultram ER, Prilosec, and Synvisc. Significant Diagnostic Tests: No imaging studies were provided. Treatments to date are medications and arthroscopic right knee surgery. An adverse determination was received on 9/23/14 due to inadequate research and scientific basis for recommendation of Plasma Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plasma Injection right knee with ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Platelet- rich Plasma

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Knee and Leg Chapter-Platelet Rich Plasma)

Decision rationale: CAMTUS does not address this issue. ODG states that PRP injections to the knees are under study. After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. PRP is still considered investigational and further research is needed before it can be made available to the general population. Further clarification of indications and time frame is also needed. This patient is 9 years status post arthroscopic right knee meniscectomy, following an industrial injury. He has continued to experience pain since that time, and has been treated with oral medications and an intraarticular viscosupplementation agent. He responded well to the Synvisc injection, and it has been recommended that he have 2 such injections per year. A request has now been made for PRP injection of the right knee. However, ODG guidelines state that PRP injection to the knees is still under study, and that there is inadequate research and scientific basis for its recommendation at this time. Therefore, the request for Plasma injection right knee with ultrasound guidance is not medically necessary.