

Case Number:	CM14-0027315		
Date Assigned:	06/13/2014	Date of Injury:	12/27/2006
Decision Date:	07/29/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 47-year-old male with a reported injury on 12/27/2006. The mechanism of injury was not provided. The previous medical records that were accumulated from 04/02/2012 show that he did complain of bilateral shoulder pain, bilateral elbow pain and bilateral knee pain. The injured worker has had sessions of physical therapy, strength exercises, massage, electrical stimulation, cold packs and doing weights. It is unknown as to what medications he is on at this time. The Request for Authorization and the rationale for the platelet rich plasma injections to the right knee were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA INJECTION FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

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 injections.

Decision rationale: The request for a platelet rich plasma injection to the right knee is non-certified. The injured worker has a history of complaints of bilateral knee pain, elbow pain and

shoulder pain. The Official Disability Guidelines, mention that platelet rich plasma is still under study. The Official Disability Guidelines also suggest that platelet rich plasma may play a role in improving clinical outcomes in injured workers with an early onset of osteoarthritis, and there was no change in an MRI in the knee compartment of cases within the last year. There is no evidence to support the need for a platelet rich plasma injection to the right knee. Therefore, the request for the platelet rich plasma injection is non-certified.