

<b>Case Number:</b>	CM14-0028569		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/05/2005
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 5, 2005. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; and earlier total knee arthroplasty. In a Utilization Review Report dated February 26, 2014, the claims administrator denied a request for a left knee platelet rich plasma injection. Non-MTUS Guidelines from the Journal of Sports Medicine were cited. While these guidelines suggested that there was limited evidence suggesting short-term clinical benefits with platelet rich plasma injections for symptomatic arthritis, the Journal of Sports Medicine included that these studies were of poor quality. The claims administrator therefore based its denial on limited medical evidence for the procedure in question. A May 20, 2014 progress note was notable for comments that the applicant had persistent complaints of knee pain, worsened with activity. The applicant also had attendant complaints of low back pain, right knee pain, and right shoulder pain. A left knee iliotibial band platelet rich plasma injection was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE AND LEFT ILIOTIBIAL BAND PLASMA RICH PLATELET (PRP) INJECTION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Guidelines from the Journal of Sports Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Platelet Rich Plasma Injections section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Knee Chapter, there is no recommendation for or against the usage of platelet rich plasma injections in the treatment of patellar tendinopathy one of the diagnoses reportedly present here. Given a lack of quality trials and studies, ACOEM could not make any recommendation for or against the usage of platelet rich plasma injections. In this case, however, the applicant has, as suggested by the attending provider, exhausted a variety of operative and non-operative treatments, including time, medications, opioid therapy, topical agents, physical therapy, multiple prior surgeries, etc. The applicant has failed to respond favorably to the same. The applicant remains off of work, on total temporary disability. Given the failure of numerous other first, second and third line treatments, a left knee and/or left iliotibial band platelet rich plasma injection are therefore indicated. Accordingly, the request is medically necessary.