

Case Number:	CM14-0032187		
Date Assigned:	06/20/2014	Date of Injury:	09/12/2012
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 Nevada. 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 35 year-old female injured on 9/12/2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 5/13/2014, indicated that there were ongoing complaints of bilateral knee pain and swelling. The physical examination was handwritten and states tenderness at the knee and the knee being swollen. Diagnostic imaging studies included an MRI of the right knee, which revealed high-grade partial tear of the Potomac tendon involving greater than 75% of the overall thickness of the patellar tendon, mild tricompartmental osteoarthritis and pes anserine bursitis. Previous treatment included physical therapy, cortisone injection, and right knee arthroscopy 2013. A request had been made for platelet rich plasma injection bilateral knee - 2 kit and was not certified in the pre-authorization process 3/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection Bilateral Knee- 2 Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Platelet-rich plasma injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Low Back chapter, (updated 7/102014).

Decision rationale: According to the Official Disability Guidelines (ODG), platelet rich plasma (PRP) injections is not recommended except in a research setting. PRP therapies are more complicated than previously acknowledged, and an understanding of the fundamental processes and pivotal molecules involved will need to be elucidated. PRP therapies are in clinical trials awaiting assessment. Although this treatment modality appears promising, it is not yet an approved therapy at this time. Thus, this request for this procedure is deemed not medically necessary.