

Case Number:	CM14-0037010		
Date Assigned:	06/25/2014	Date of Injury:	06/29/2011
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 58 year old female who reported an injury on 06/29/2011 due to an unknown mechanism. The injured worker had complaints of knee pain rated 6/10, worse with stairs, prolonged sitting or excessive walking. The injured worker has swelling in the right knee due to a fall. She was status post arthroscopic surgery on 03/28/2013 and now has swelling. Physical examination on 01/10/2014 revealed positive 1 effusion, range of motion was 5 to 110 degrees, tenderness along the proximal patella tendon. There was pain with patella guard and compression, slight crepitus with flexion and extension. There was medial greater than lateral joint line tenderness with equivocal McMurray's sign. Left range of motion was 0 to 120 degrees. There was tenderness along the proximal patellar tendon, also mild medial joint line tenderness. The injured worker had physical therapy of at least six according to the document submitted. She has had cortisone injections. Medications were not listed. Diagnostic studies were not submitted. The diagnoses were status post left knee arthroscopy with chondroplasty and debridement, status post right knee arthroscopy with chondroplasty and debridement on 03/28/2013, with mild residual tenderness, left knee tendinosis and pes bursitis, bilateral patellar tendonitis, patella tendonosis, right greater than left, acute right knee exacerbation secondary to fall. Treatment plan was to refer to rheumatology. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 platelet rich plasma injection to the bilateral knees: 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 (Acute & Chronic).

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 (PRP).

Decision rationale: Official Disability Guidelines state 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 platelet rich plasma for muscular and tendinous injuries. Platelet rich plasma injection looks promising, but it is not yet ready for prime time. After two decades of clinical use, results of platelet rich plasma injection therapy are promising but still inconsistent. The document submitted for review is lacking information such as medications tried and failed, diagnostic studies, and how many physical therapy sessions the injured worker had. The document submitted for review lacks information. Therefore, the request for One Platelet Rich Plasma Injection To The Bilateral Knees is not medically necessary.