

<b>Case Number:</b>	CM14-0037053		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/14/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 injured worker has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 14, 2010. Thus far, the injured worker has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier knee partial median meniscectomy; nonsteroidal anti-inflammatory drugs (NSAIDs); unspecified amounts of physical therapy; and a 3% whole person impairment rating. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for platelet-rich plasma (PRP) injections to the knee, citing non-MTUS-ODG guidelines. The injured worker's attorney subsequently appealed. In a progress note dated March 12, 2014, the injured worker presented with persistent complaints of knee pain. The injured worker was asked to employ Medrol Dosepak. He was asked to remain off of work for four to five days, and then return to regular work effective March 17, 2014. The injured worker was given diagnoses of patellar chondromalacia, knee joint effusion, and tear of medial meniscus. He was asked to gradually return to regular activities as symptoms improve. In an earlier note of March 3, 2014, it was stated that he presented with recurrent knee pain after having last being seen in 2012. He was given prescriptions for Naprosyn, Tramadol, and a knee support. The injured worker was asked to undergo a platelet-rich plasma injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee PRP Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

**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:** As noted in the Third Edition ACOEM Practice Guidelines, there is no recommendation for or against usage of platelet-rich plasma injections in the treatment of patellar tendinopathy, the diagnosis reportedly present here. ACOEM notes that there are no quality trials evaluating usage of platelet-rich plasma injections and therefore states that no firm recommendation can be made. In this case, the platelet-rich plasma injections could have been supported, despite ACOEM recommendations, had there been some evidence that the injured worker had tried, failed, and/or proven recalcitrant to lesser levels of care. There was no evidence that treatments which carry a more favorable recommendation, had been tried, exhausted, and/or failed before a treatment for which there is no recommendation, was sought. Therefore, the request is not medically necessary.