

Case Number:	CM14-0038570		
Date Assigned:	06/27/2014	Date of Injury:	01/23/2014
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of January 23, 2014. A utilization review determination dated March 19, 2014 recommends not medically necessary of a right knee platelet rich plasma injection. A progress note dated March 11, 2014 identifies subjective complaints of intermittent moderate right knee pain that is described as achy and throbbing through the knee. There is also a complaint of a clicking sensation in the right knee, increased pain with going up and down stairs, and increased pain with prolonged walking. The patient's pain level is a 5 - 6/10. The patient reports difficulty with standing, walking, stooping, kneeling, and traveling by plane. Current medications include atorvastatin 20 mg, Prozac 20 mg, Diovan, metformin, glumeta, and Victoza. Physical examination of the right knee identifies right knee flexion at 135, extension at 180, and squatting at 65 with pain. There is tenderness in the medial aspect of the right knee and the right knee strength with flexion and extension is 5/5. Diagnoses include osteochondral defect of the right knee and internal derangement of the right knee. The treatment plan recommends a request for authorization for a PRP injection for the right knee, Celebrex 200 mg daily, continuation of blood pressure medications, topical AI meds, and return to clinic in one month. An MRI of the right knee done February 25, 2014 identifies a 5 mm chondral defect of the medial femoral condyle, 8mm chondral defect of the lateral patellar facet, and a 1.6 cm popliteal cyst. An x-ray of the right knee done on January 24, 2014 identifies mild degenerative changes predominantly involving the medial joint compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP INJECTION RIGHT KNEE: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow and Knee Chapters, Platelet-rich plasma (PRP).

Decision rationale: Regarding the request for right knee platelet rich plasma (PRP), California MTUS does not address the issue. The Official Disability Guidelines cites that PRP for the knee is under study, as 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 PRP for muscular and tendinous injuries. Further clarification of indications and time frame is also needed. Within the documentation available for review, there is no clear rationale for PRP injections despite the lack of consistent support for their use in the management of the patient's right knee injuries/diagnosis. In light of the above issues, the currently requested right knee PRP injection is not medically necessary.