

Case Number:	CM14-0039304		
Date Assigned:	06/27/2014	Date of Injury:	08/19/2010
Decision Date:	08/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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 associated with an industrial injury of August 19, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, earlier knee meniscectomy surgery, four Synvisc injections, a knee brace, unspecified amounts of physical therapy, and work restrictions. On May 12 and May 19, 2014, the applicant was given knee Synvisc injections for knee arthritis. A May 1, 2014 progress note is notable for comments that the applicant was working regular duty, despite ongoing issues with knee arthritis. On February 26, 2014, it was stated that the applicant had knee pain, knee tenderness, and knee arthritis which had proven recalcitrant to time, medications, and other forms of medical treatment, including Synvisc injections and medications, such as Norco, Naprosyn, bracing, and steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM V.3 Knee Specific Diagnoses Patellar Tendinosis, Patellar Tendinopathy Platelet Rich Plasma Injections.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, there is no recommendation for or against usage of platelet rich plasma injections as there are no quality trials which definitively evaluate the same. Nevertheless, in this case, the attending provider has established that the applicant's knee issues, including knee tendinitis, knee chondromalacia, and knee arthritis, have, in fact, proven recalcitrant to a variety of other treatments, including time, medications, NSAIDs, opioids, physical therapy, earlier knee arthroscopy, corticosteroid injection, Synvisc injections, etc. Given the failure of numerous first, second, and third-line treatment options, the proposed platelet rich plasma injection is indicated, despite the tepid ACOEM recommendation. Therefore, the request is medically necessary.