

Case Number:	CM14-0039496		
Date Assigned:	06/27/2014	Date of Injury:	03/01/2009
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
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 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 57-year-old male who was reportedly injured on March 1, 2009. The mechanism of injury is unknown. The most recent progress note dated May 6, 2014, indicates that there are ongoing complaints of low back pain, left shoulder pain, bilateral knee pain, and left-sided neck pain. Current medications include Tramadol. The physical examination of the left knee notes diminished sensation at the medial and lateral aspect of an anterior scar. Examination of the right knee notes diffuse tenderness. There was a negative McMurray's test and no signs of ligamentous laxity. Diagnostic imaging studies reported degenerative changes of the knee and meniscus with a loose body present. Previous treatment includes a right knee arthroscopy and a left knee total knee arthroplasty as well as physical therapy. There is the current use of an electrical stimulation unit for the left knee. A request had been made for a left knee platelet rich plasma injection which not certified by utilization review on April 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Platelet Rich Plasma, Updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines the use of platelet rich plasma (PRP) is under study. Significant improvement was found with PRP injections for chronic refractory patellar tendinopathy in conjunction with physical therapy. However, there is a present need for further basic science investigation as well as randomized controlled trials for the use of PRP on muscular and tenderness injuries. In addition, there is no mention of this treatment performed on the knee after a total knee arthroplasty and no specificity as to what structure in the left knee is to be injected. For this reason, the request for a PRP injection for the left knee is not medically necessary.