

Case Number:	CM14-0049255		
Date Assigned:	07/07/2014	Date of Injury:	03/17/2003
Decision Date:	09/08/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/17/2014

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 Orthopedic Surgeon and is licensed to practice in Arizona. 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 55 year-old male who sustained an injury on 3/17/2003 which resulted in chronic low back pain and bilateral knee pain. Progress report dated 3/19/2014 states the patient has a guarded gait with tenderness in the lumbosacral spine and pain in both knees at the joint line. There is a positive patellar compression test bilaterally. There is crepitation present with range of motion of the knees, weakness to the quadricep muscles and swelling of the legs left greater than right. Request is made for a platelet rich plasma injection to both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPT for the lower extremity: Upheld

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

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 Injection.

Decision rationale: Since there is not enough evidence-based medicine to recommend platelet rich plasma injections for the knee, a CPT for the lower extremity is not medically necessary.

Platelet Rich Plasma (PRP) Injection to the 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.

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.

Decision rationale: The CA MTUS does not specifically address Platelet Rich Plasma Injections. The ODG states it is still a procedure that is under study. Small studies have found that it is helpful in refractory patella tendinopathy. It may also be helpful in patients with early arthritis, but the studies need clarification about specific indications. Therefore, until there is further medical evidence to clarify the role of Platelet Rich Plasma Injections, the request is not medically necessary.