

Case Number:	CM14-0050444		
Date Assigned:	06/25/2014	Date of Injury:	11/04/2009
Decision Date:	08/20/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 patient is a 25-year-old female who has submitted a claim for left knee internal derangement, left knee sprain/strain injury, left knee tendonitis, and status post left knee surgery x 2 associated with an industrial injury date of November 3, 2009. Medical records from 2013-2014 were reviewed. The patient complained of left knee pain. There was increased pain and discomfort due to cold weather. Physical examination showed normal range of motion of the left knee. There was moderate tenderness of the left patellar tendon. The anteromedial knee was very tender. There was a healed surgical scar at the left knee. Apley's test was positive. There was decreased light touch sensation of the left knee. MRI of the left knee, dated October 9, 2013, revealed mild patellar tendinopathy, post-surgical take-down of the apex of Hoffa's fat pad, and small crescentic T2 hyperintense lesion or cyst adjacent to the sartorius muscle. Treatment to date has included medications, physical therapy, chiropractic care, home exercise program, activity modification, intraarticular injection, and left knee arthroscopic synovectomy. Utilization review, dated March 13, 2014, denied the request for platelet rich plasma injections qty: 2 because there was limited support for the use of PRP injection for patellar tendinitis and fat pad scarring. In addition, the injections are still considered investigational by the medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injections, QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin J Sport med. 2014 Jan;24 (1): 31-43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Platelet-rich Plasma (PRP).

Decision rationale: CA MTUS does not specifically address platelet-rich plasma (PRP) for the knee. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that platelet-rich plasma (PRP) injections are under study. In a blinded, prospective, randomized trial of PRP vs placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. Platelet-rich plasma did not help patients recover from arthroscopic rotator cuff surgery in this study. In this case, a PRP injection was requested because the patient was failing other forms of treatment and this would assist in her healing the small tear in the patellar tendon. The patient was assessed to have a left knee tendonitis and internal derangement. However, there was no mention of its use for these particular diagnoses. The guideline states that PRP injections are still under study. There was no compelling indication concerning the need for variance from the guidelines. Furthermore, the present request failed to specify the body part to be treated. Therefore, the request for Platelet rich plasma injections, QTY: 2 is not medically necessary.