MAXIMUS Federal Services

Case Number:	CM14-0051234		
Date Assigned:	07/07/2014	Date of Injury:	03/18/2012
Decision Date:	08/12/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 54-year-old male who reported an injury on 03/18/2012. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be medications and physical therapy. The injured worker's diagnosis was noted to be chondromalacia of the right knee. A clinical evaluation was provided on 07/08/2014. The injured worker reported pain and discomfort in the right knee. The physical examination revealed positive compression test. The collateral ligaments were intact. There was full range of motion. The treatment plan included a request for a brace for symptomatic relief. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for Medical Treatment was provided within the documentation and it was dated 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection for 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: Work Loss Data Institute (twc.com: Section: Knee & Leg).

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 (PRP).

Decision rationale: The Official Disability Guidelines state platelet-rich plasma is under study. his small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at 6 months, after physical therapy was added. The clinical results were encouraging, indicating that platelet-rich plasma injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. 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 platelet-rich plasma for muscular and tendinous injuries. Therefore, the request for PRP injection for the right knee is not medically necessary and appropriate.