

<b>Case Number:</b>	CM14-0055094		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 38-year-old male with a reported date of injury on October 02, 2012. The mechanism of injury was due to a fall. His diagnoses included shoulder sprain/strain, wrist sprain, hand sprain, ankle sprain, and knee sprain. His previous treatments included physical therapy and medications. The progress note dated March 17, 2014 revealed complaints of pain to the knee. The physical examination revealed tenderness to palpation and decreased range of motion to bilateral knees. The request for authorization form dated March 17, 2014 was for a platelet rich plasma injection to the bilateral knees; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma injections to the left 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 (ODG) - Knee & Leg Procedure Summary - platelet-rich plasma

**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

**Decision rationale:** The platelet rich plasma (PRP) injections are not medically necessary. The injured worker has complaints of knee pain with decreased range of motion. The Official Disability Guidelines state that platelet rich plasma injections are under study. The 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 PRP injections have potential to promote achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous treatments have failed. The guidelines state PRP looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low molecular weight hyaluronic acid and high molecular weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients. PRP appears to improve the healing of patellar tendon graft sites after anterior cruciate ligament reconstruction, but the intervention did not have any clinical impact. Platelet rich plasma injections cannot benefit patients with cartilage degeneration and early osteoarthritis of the knee according to this random controlled trial. In patients with minimal osteoarthritis, platelet rich plasma works better than hyaluronic acid. There is a lack of clinical findings or imaging studies to corroborate osteoarthritis to necessitate platelet rich plasma injections. There is a lack of documentation regarding conservative measures other than physical therapy and medications attempted for knee pain. Therefore, due to the platelet rich plasma injections under study and recommended for mild osteoarthritis and a lack of documentation regarding failure of conservative treatment, a platelet rich plasma injection is not appropriate at this time. Therefore, the request is not medically necessary.