

<b>Case Number:</b>	CM14-0061910		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 05/29/2012. The mechanism of injury was due to an object falling on top of her. On 04/09/2014, the injured worker presented with constant low back pain that radiated to the left leg with numbness and intermittent left knee pain from walking for a long period of time. She stated that she felt better after left knee surgery. Upon examination, there was mild tenderness to the patellofemoral and medial joint line. Prior therapy included medications. The provider recommended platelet rich plasma (PRP) injection to the left knee for alleviation of pain. The request for authorization was dated 04/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP injection in Left Knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Platelet-rich Plasma.

**Decision rationale:** The request for platelet rich plasma (PRP) injection of the left knee is not medically necessary. California MTUS/ACOEM Guidelines state invasive techniques such as needle aspiration or effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. Additionally, the Official Disability Guidelines state that platelet rich plasma is under study. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. An adequate examination of the injured worker was not provided detailing current deficits to warrant a PRP injection of the left knee. Additionally, the Guidelines state that a PRP injection is under study. As such, the request is not medically necessary.