

Case Number:	CM14-0066985		
Date Assigned:	07/11/2014	Date of Injury:	03/16/2011
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 and Rehabilitation has a subspecialty in Interventional Spine 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 27 year old with an injury date on 3/10/11. Patient complains of left knee pain with cracking when it bends or when patient walks, and still giving out per 3/25/14. Patient states pain is under kneecap, with "bone hurting" under knee and knee cap grinding per 2/13/14 report. Based on the 3/25/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p left knee arthroscopic surgery. 2. stress deferred. Exam on 3/25/14 showed "slow gait. Full range of motion. Mild crepitation. Positive patellar compression test." [REDACTED] is requesting platelet rich injection left knee. The utilization review determination being challenged is dated 4/23/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/3/13 to 5/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-rich Plasma Injection 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), Treatment in Workers Comp Integrated Treatment/Disability Duration Guidelines. Knee & Leg (Acute & Chronic) (updated 03/31/14) Platelet-rich plasma (PRP) under study.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Pain chapter.

Decision rationale: This patient presents with left knee pain and is s/p left knee arthroscopy on 8/8/13. The treater has asked for a platelet rich injection left knee on 3/25/14. Regarding platelet-rich plasma injections, ODG guidelines state that it's under study and that there is some support for chronic, refractory tendinopathy and early osteoarthritis. This patient has had arthroscopic surgery already and no operative reports or radiographic reports are available for review. However, given ODG guidelines' support for trial of PRP for tendinopathy and early osteoarthritis, it may be reasonable to try one injection to check for the patient's response. Recommendation is for authorization.