

Case Number:	CM14-0067352		
Date Assigned:	07/14/2014	Date of Injury:	07/31/2012
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
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 Anesthesiology, has a subspecialty in Pan 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 injured worker is a 43 year old female who sustained an injury to her left knee on 07/31/12 when a coworker called her; she turned and sustained a twisting injury to her knee. The records indicate that the injured worker's MRI of the left knee dated 08/31/12 revealed patellofemoral chondromalacia; large cystic collection involving bilateral menisci. Treatment to date has included anti-inflammatories, work restrictions, activity modifications, Celebrex, physical therapy, steroid injections which provided 3 months of relief at 80% and a Synvisc one injection dated 02/19/14 that reportedly provided less than 50% relief for one month. Physical examination noted lateral joint tenderness at the joint line; patellofemoral tenderness to compression; negative McMurray's laterally; positive patellar apprehension test; fluid range of motion from 0-135 degrees without pain at all extremes; joint stable to ligamentous testing and neurocirculatory system, including reflexes, sensation and distal pulses were intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Platelet rich plasma injection 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, Knee & Leg (Acute & Chronic).

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 chapter, Platelet-rich plasma (PRP).

Decision rationale: The request for 1 platelet rich plasma injection to the left knee is not medically necessary. The previous request was denied on the basis that the level of evidence based support required to gain guideline inclusion has not been reached for this procedure at this time. It is acknowledged that this injured worker has undergone many conservative approaches to treating her left knee pain, without successful outcome, but unfortunately the requested procedure is still considered experimental. The ODG states that treatment with this modality is under study. The exact mechanism of action in the context of PRP is still being investigated. PRP represents a novel non-invasive treatment method for injured workers with acute or chronic soft tissue musculoskeletal injuries. 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 PRP for muscular and tendinous injury. Given this, the request for one platelet rich plasma injection to the left knee is not medically necessary.