

<b>Case Number:</b>	CM14-0068237		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/05/2005
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 60-year-old female with a date of injury of 12/05/2005. The listed diagnoses per [REDACTED] are: 1. Contusion/sprain with hematoma and possible tear of the VMO, status post total knee resurfacing arthroplasty, right knee, on 09/02/2008. 2. Status post total knee replacement revision, left knee, on 10/03/2011, status post prior arthroscopy with lateral release on 02/23/2011 and status post prior total left knee arthroplasty from 11/16/2009. 3. Left S1 radiculopathy. 4. Right hip trochanteric bursitis and gluteal tenderness. 5. Right shoulder sprain/strain. 6. Hypertension. 7. Ankle sprain/strain. 8. Left foot mild osteoarthritis. According to progress report 02/11/2014 by [REDACTED], the patient continues to experience significant left knee pain. She also complains of lumbar spine, right knee, and right shoulder pain. Patient notes occasional popping, clicking, and swelling of the left knee. Examination of knee revealed soreness and swelling. Range of motion is 0 to 120 degrees with pain over the pes bursa, iliotibial band, and lateral retinacular gutter. The physician states, based on the clinical presentation and objective examination findings, request is for a left knee and left iliotibial band platelet-rich plasma (PRP) injection. Utilization review denied the request on 04/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee and left iliotibial band platelet rich plasma (PRP) injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arthroscopy. 2009 Nov;25(11):1206-13.doi.10.1016/j.arthro.2009.6.002.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG), Knee chapter, Platelet-rich plasma (PRP) injection for knee.

**Decision rationale:** The ACOEM and MTUS Guidelines do not discuss platelet-rich plasma injections to the knee. Therefore, ODG Guidelines are referenced. ODG Guidelines under the knee and leg chapter has the following regarding platelet-rich plasma (PRP), under study, this 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. In this case, ODG guidelines states Platelet rich plasma injections are under study and improvement was found only in patients with chronic refractory patellar tendinopathy, which this patient does not have. So the Left knee and left iliotibial band platelet rich plasma (PRP) injection is not medically necessary.