

<b>Case Number:</b>	CM14-0073120		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 30-year-old male who reported an injury on 03/20/2009, caused by an unspecified mechanism. The injured worker's treatment history included medications, physical evaluation, x-ray, MRI, physical therapy, and surgery. The documents provided indicated the injured worker had undergone an EMG study on 05/09/2014, which revealed positive 1 mild left (L3) femoral cutaneous nerve. The injured worker was evaluated on 05/09/2014, and it was documented that the injured worker had right knee pain and low back aches. The physical examination of the right leg revealed pain and it was positive for patella compression and tenderness was noted. There was pain with internal flexion. The diagnoses included internal derangement, knee, and S/P right knee arthroscopy. The medication included Norco 10/325 mg. The Request for Authorization dated 05/09/2014 was for Norco 10/325 mg and platelet rich plasma (PRP) injection to the right knee; however, the rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Platelet-rich plasma (PRP) injection to right knee quantity 1: 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 Chapter: Platelet-rich plasma (PRP).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Platelet-rich plasma (PRP).

**Decision rationale:** The request is non-certified. The Official Disability Guidelines (ODG) state that platelet-rich plasma (PRP) injections are under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) 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 the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. Platelets are known to release various growth factors that are associated with tissue regeneration/healing and angiogenesis, as well as a variety of chemicals (adenosine, serotonin, histamine, and calcium) that may be important in inhibiting inflammation and promoting angiogenesis. The documents submitted for review state that the injured worker had received prior physical therapy sessions. However, the outcome measurements were not provided. In addition, there was no documentation of the injured worker failing conservative care measures such as anti-inflammatory medications or other first line cortisone injections to the right knee. Given the above the request for platelet-rich plasma (PRP) injection to the right knee is non-certified.

**Norco 10/325 mg quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg is non-certified. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Norco 10/325 mg quantity 90 is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is non-certified.