

<b>Case Number:</b>	CM14-0074098		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Occupational 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:

This is a 41 year-old male who has reported right knee pain after a twisting injury on 12/17/13. Radiographs on 2/6/14 were normal. An MRI showed mild degenerative changes and a medial collateral ligament strain. The diagnoses have included a possible meniscal injury and a medial collateral ligament (MCL) strain. Treatment has included bracing, medications, and physical therapy. Pain has persisted in the medial aspect of the knee. Per the PR2 of 4/15/14, knee pain was overall improved after physical therapy, but there was continued pain and tenderness around the medial joint and the patella. The diagnoses were unchanged, and referred to the MCL and medial meniscus. The treatment plan included platelet-rich plasma (PRP) injection for the MCL. On 4/23/14, Utilization Review non-certified PRP injection of the knee, noting the lack of good medical evidence to support this treatment. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plasma Rich Protein Injection to the Right 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, Treatment Index, Integrated Treatment,/Disability Duration Guidelines - Under Study.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Platelet-Rich Plasma Therapy.

**Decision rationale:** The MTUS does not provide direction for the use of platelet-rich plasma (PRP). The Official Disability Guidelines, in the Knee chapter state that this procedure is "under study". There is some, lower quality evidence for possible efficacy for treatment of patellar tendinopathy and osteoarthritis. Specific indications, side effects, and benefit remain to be clarified. The proposed diagnoses in this case are not those discussed in the guidelines for which there might be benefit. The PRP treatment does not yet have sufficient medical evidence to recommend the treatment for any condition. The PRP injection is not medically necessary based on lack of sufficient medical evidence and the cited guideline.