

Case Number:	CM14-0078478		
Date Assigned:	07/18/2014	Date of Injury:	02/04/2014
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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:

According to the records made available for review, the injured worker is a 51-year-old male with a 2/4/14 date of injury. There is documentation of subjective findings of intermittent anterior right knee pain. There are objective findings of right knee tenderness to palpation at patellar ligament, medial and lateral retinaculum, positive patellofemoral compression test with mild palpable crepitus, single leg squat limited by anterior knee pain. Current diagnoses are (patellofemoral syndrome, knee/leg sprain. Treatment to date includes activity modification, physical therapy, and bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Platelet-Rich Plasma (PRP) Injection: Upheld

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

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 Official Disability Guidelines (ODG) identifies that platelet-rich plasma therapy to the knee is under study. Therefore, based on guidelines and a review of the evidence, the request for right knee platelet-rich plasma (PRP) injection is not medically necessary.