

Case Number:	CM14-0174895		
Date Assigned:	12/02/2014	Date of Injury:	05/03/2008
Decision Date:	01/13/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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 54 year old female with an injury date on 05/03/2008. Based on the 09/09/2014 progress report provided by the treating physician, the diagnoses are:1. Left medial meniscus tear, left knee2. Medial femoral condyle OCD lesion, left kneeAccording to this report, the patient complains of left knee pain and buckling that feel like a "roller coaster." Physical exam reveals range of motion is 1-140 degrees. Knee is stable to varus and valgus stress. The treating physician states "she was found to have evidence of medial compartment DJD and meniscus tear."The patient had knee arthroscopy, medial meniscus debridement, synovectomy, and chondroplasty. Patient's past treatments consist of Hyalgan injections, anti-inflammatories, physical therapy, cortisone shots and acupuncture.Per 11/11/2013 report, patient had a repeat "MRI which shows an old osteochondral defect of the medial femoral condyle and a tear of the posterior horn of the medial meniscus." MRI report was not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request for Left knee platelet rich plasma injection on 10/10/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 09/30/2013 to 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee platelet rich plasma injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary

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

Decision rationale: According to the 09/09/2014 report, this patient presents with left knee pain and buckling that feels like a "roller coaster." Per this report, the current request is for left knee platelet rich plasma injection. Regarding platelet-rich plasma injections, ODG guidelines state that it's under study and that there is some support for chronic, refractory tendinopathy and early osteoarthritis. Review of report shows the treating physician documented that the patient had "evidence of medial compartment DJD" to the left knee. In this case, the requested platelet-rich plasma injection to the left knee appears reasonable and consistent with ODG guidelines. The request is medically necessary.