

<b>Case Number:</b>	CM14-0186621		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 47 year old female with bilateral knee pain, left more than right. She was injured on 3/08/2011. She underwent two arthroscopic knee surgeries on the left knee and one on the right knee. She has evidence of osteoarthritis of both knees on standing films with narrowing of the medial joint space. Exam of the left knee on 9/19/2014 revealed worsening with restriction of range of motion and tenderness to palpation and crepitus. The medial joint space was narrowed. There was a reaction to synvisc reported. A total knee arthroplasty has been discussed. The disputed issue pertains to a request for an injection of platelet rich plasma that was non-certified by Utilization Review citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plasma rich platelet injection to the left 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

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

**Decision rationale:** California MTUS does not address this issue. ODG guidelines indicate the use of platelet rich plasma in young people with early osteoarthritis. It works better than hyaluronic acid particularly in between injections. It is not effective in moderate or severe osteoarthritis .It is promising for treatment of chondromalacia in young patients and for sports injuries. The medical records document narrowing of the joint space and significant degenerative changes. Total knee arthroplasty has been discussed indicating the severity of the degenerative change. The request for platelet rich plasma is therefore not medically necessary per guidelines.