

<b>Case Number:</b>	CM14-0198771		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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, this is a 53-year-old male with a 5/30/13 date of injury, and status post left knee diagnostic arthroscopy, partial medial and lateral meniscectomy, synovectomy, chondroplasty 10/10/14. At the time (10/22/14) of request for authorization for 3 PRP treatments for the left knee, there is documentation of subjective (burning left knee pain and muscle spasms, pain rated 5-6/10, pain aggravated by squatting, kneeling, weightbearing, standing, and walking) and objective (left knee 2+ effusion, tenderness to palpation at the prepatellar bursa, medial joint line, patellofemoral crepitance upon palpation, left knee range of motion 0-115 degrees, positive Apley's and patellofemoral compression test) findings, current diagnoses (derangement of the posterior horn of the medial and lateral meniscus, r/o tear; left lower extremity pain and swelling), and treatment to date (medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 PRP treatments for 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 (ODG), Knee and Leg (Acute & Chronic).

**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:** MTUS does not address this issue. 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 PRP treatments for the Left Knee is not medically necessary.