

Case Number:	CM14-0206912		
Date Assigned:	12/18/2014	Date of Injury:	12/11/2009
Decision Date:	02/13/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehabilitation 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 55 year old male with date of injury 12/1/09. The requesting treating physician report was not found in the documents provided. The most current and legible progress report provided was dated 9/17/13. The treating physician report dated 9/17/13 (30) indicates that the patient presents with pain affecting the right knee. The physical examination findings reveal that the surgical wounds on the right knee are well healed. There is also no swelling anteriorly in the knee. The joint lines are non-tender and the neurovascular motor status is intact. Prior treatment history per a QME report dated 5/25/12 (2-20) includes physical therapy, a TENS unit, a Cho Pat patellar strap, hot and cold compresses, positional traction, stretching, joint mobilization, myofascial release, joint manipulation, ischemic compression, home exercise, ultrasound, and prescribed medications. MRI findings (04/27/12) reveal small tears of both the medial and lateral menisci. The current diagnoses are: 1. Status post right knee arthroscopy with partial medial and lateral meniscectomies 2. Right knee prepatellar bursitis, resolved. The utilization review report dated 11/15/14 denied the request for PRP injection patella tendon right knee based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection patella tendon 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 (ODG)- Knee and Leg chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain, Platelet-rich plasma, ODG Knee/Leg Platelet-rich plasma.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for PRP injection patella tendon right knee. The requesting treating physician report was not found in the documents provided. The most current and legible report dated 9/17/13 does not address the current request for a PRP. MTUS does not address platelet rich plasma injections. The ODG guidelines state that PRP injections are, "Not recommended for chronic pain except in a research setting. PRP therapies are more complicated than previously acknowledged, and an understanding of the fundamental processes and pivotal molecules involved will need to be elucidated." The ODG states the following regarding PRP injections of the knee, "Under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. This pilot study suggests that platelet-rich plasma may play a role in improving clinical outcomes in patients with early onset osteoarthritis at both 6 months and 1 year. A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients." In this case, PRP injections are still under study and there is little evidence to recommend a PRP injection of the knee for anything except early onset osteoarthritis. The patient is over 50 years of age and there is no discussion of osteoarthritis in any of the reports provided. Furthermore, there was no rationale from the physician in any of the reports provided as to why the patient would require and benefit from a procedure that was still under study. More documentation and evidence is required in order for the current request to satisfy the ODG. Recommendation is for denial.