

Case Number:	CM14-0209962		
Date Assigned:	12/22/2014	Date of Injury:	09/04/2013
Decision Date:	02/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

52y/o male injured worker with date of injury 9/4/13 with related right knee pain. Per progress report dated 11/13/14, it was noted that the injured worker reported his right knee was doing better until he twisted it the day before and felt increased pain. He was not working. He reported increased pain with side motions. He was attending physical therapy twice weekly. Per physical exam, the right knee was still weak and painful. The knee was not responding to physical therapy. He was status post right knee arthroscopic debridement and partial medial meniscectomy. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 12/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection to the 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, Platelet Rich Plasma Injection

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: The MTUS is silent on the use of platelet-rich plasma. Per the ODG guidelines with regard to platelet-rich plasma: 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. The documentation submitted for review does not indicate that the injured worker suffers from patellar tendinopathy. As the guidelines do not recommend platelet-rich plasma injection since it remains under study, the request is not medically necessary.