

Case Number:	CM15-0001899		
Date Assigned:	01/12/2015	Date of Injury:	01/05/2014
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 48-year-old female who reported injury on 01/05/2014. The mechanism of injury was due to a fall. Her diagnoses include ankle sprain/strain, lumbar sprain/strain, and shoulder sprain/strain. Past treatments include medication, surgery, and physical therapy. Diagnostic studies included an official MRI of the left knee dated 01/31/2014 which revealed myxoid degeneration in the posterior horn of the medial meniscus with a grade 3 tear in anterior horn of the lateral meniscus. There was also a Wiberg type 2 patella showing lateral subluxation. Her pertinent surgical history included a right knee arthroscopy on 10/23/2014. On 10/08/2014, the injured worker complained of severe headaches and vision disturbances. The injured worker also complained of burning radicular neck pain rated 7/10. The injured worker also complained of burning bilateral shoulder pain radiating down the arms to the fingers rated 7/10. The injured worker complained of burning bilateral elbow pain rated 6/10 on the right and 7/10 on the left. The injured worker complained of bilateral wrist pain rated 7/10 on the right and 6/10 on the left. The injured worker complained of burning radicular low back pain rated 8/10. The injured worker complained of bilateral knee pain rated 8/10 with numbness and tingling and pain radiating to the feet. The injured worker also complained of burning right ankle pain rated 7/10. The physical examination of the bilateral knees indicated tenderness to palpation over the medial and lateral joint line. The bilateral knee range of motion with flexion was 95 degrees on the right and 105 degrees on the left. The injured worker as indicated to have a positive anterior and posterior drawer test bilaterally. The injured worker was indicated to have decreased sensation and motor strength and normal deep tendon reflexes. Her relevant medications were not provided

for review. The treatment plan included platelet rich plasma injections to the bilateral knees. A rationale was not provided. A Request for Authorization form was submitted on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injections bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Platelet Rich Plasma

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

Decision rationale: The request for platelet rich plasma injections to the bilateral knees is not medically necessary. According to the Official Disability Guidelines, the platelet rich plasma procedure is currently under study. However, the guidelines state that improvement was noted at 6 months after physical therapy was added and for patients with early onset of osteoarthritis. The injured worker was indicated to have pain in the knees and ankles. However, the guidelines indicate that the procedure is under study. There was also lack of documentation the injured worker had early onset osteoarthritis. Therefore, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.