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| Case Number: | CM15-0101305 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 08/17/2010 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 05/27/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 8/17/2010. Diagnoses include lumbar disc herniation with left lower extremity radicular pain, left shoulder partial rotator cuff tear, rule out full thickness tear, left knee posttraumatic osteoarthritis, left knee meniscal tear status post arthroscopy, left knee posttraumatic medial compartment osteoarthritis rule out new meniscal tear of the left knee, left talus avascular necrosis, left foot multiple fractures, inguinal hernia and psychiatric condition. Treatment to date has included injections, medications, modified activity and physical therapy. Per the Primary Treating Physician's Progress Report dated 4/02/2015, the injured worker reported lumbar spine, left shoulder, left knee, left foot and left toe pain. Lumbar pain was rated as 7-8/10 with radiation into the left leg as well as left knee and left foot pain at 7-8/10. He rates his left shoulder pain as 4/10. Physical examination of the lumbar spine revealed tenderness over the midline with asymmetrical loss of range of motion. There was tenderness and hypertonicity noted over the paraspinal musculature. Examination of the left knee revealed tenderness medially. He had crepitus on passive range of motion. Range of motion was 1-100 degrees. The plan of care included, and authorization was requested for platelet rich plasma injections to left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection: 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), 2015, Knee and Leg: Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, platelet-rich plasma (PRP).

Decision rationale: This patient presents with lumbar spine, left shoulder, left knee, left foot and left toe pain. The current request is for platelet rich plasma injection to left knee. Treatment to date has included injections, medications, modified activity and physical therapy. The patient is not working. The ACOEM and MTUS Guidelines do not discuss platelet-rich plasma injections to the knee. Therefore, ODG Guidelines are referenced. ODG Guidelines under the knee and leg chapter has the following regarding platelet-rich plasma (PRP), "under study, this small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at 6 months after physical therapy was added." Per the Primary Treating Physician's Progress Report dated 4/02/2015, the patient continues to complain of left knee pain. Examination of the left knee revealed tenderness medially. He had crepitus on passive range of motion. Range of motion was 1-100 degrees. Recommendation was for PRP injection to the left knee. In this case, ODG guidelines states Platelet rich plasma injections are under study and improvement was found only in patients with chronic refractory patellar tendinopathy, which the treater does not document. This request is not medically necessary.