

Case Number:	CM15-0107630		
Date Assigned:	06/12/2015	Date of Injury:	10/13/2010
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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: Preventive Medicine, Occupational Medicine

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 72 year old female who sustained an industrial injury on 10/13/10. Initial complaints and diagnoses were not available for review. Diagnosis has included neck pain with radicular symptoms in left upper extremities and MRI showing multilevel degenerative disc disease and facet arthropathy, low back pain with radiation into left lower extremity status post surgery at L4-5 and L5-S1, Bilateral knee pain due to osteoarthritis and meniscal tears. Treatments to date include physical therapy, back surgery, medications, TENS, home exercise program, injections, and viscous supplementation to the bilateral knees. Knee pain not improved much with prior steroid injections and prior viscosupplementation. Diagnostic studies include multiple MRIs and x-rays, none of which were available for review. Current complaints include back and bilateral knee pain. In a QME supplemental report dated 04/23/15 the examiner reports the plan of care as weight bearing x-rays of the knees, platelet rich plasma injections to the bilateral knees, and Monovisc injections to the bilateral knees. The requested treatments include platelet rich plasma injections into the bilateral knees and a series of 3 OrthoVisc injections to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection series of 3 under ultrasound guidance to the 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 (ODG), Knee & Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-9, 346-7. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons Clinical Practice Guideline: Treatment of Osteoarthritis of the Knee, 2nd edition, pg 9-10.

Decision rationale: Orthovisc is a highly purified form of hyaluronic acid (HA) used for viscosupplementation of joints. Viscosupplementation is a procedure in which hyaluronic acid is injected into the knee joint. Hyaluronic acid is a naturally occurring substance found in synovial (joint) fluid. The concept for its use is that since it acts as a lubricant for the knee joint, injecting more of it into the joint should enable smoother motion of the joint and improve the shock absorber effect for joint loads thus decreasing the patient's pain. However, the American Academy of Orthopedic Surgeons reviewed the literature on this procedure and noted no statistically significant improvement with this therapy. They gave a strong recommendation against using hyaluronic acid for patients with symptomatic osteoarthritis of the knee. As there is no scientific evidence or clinical practice guideline support for this procedure, medical necessity to use viscosupplementation has not been established and therefore the request is not medically necessary.

Platelet rich plasma under ultrasound guidance to the 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 (ODG), Knee & Leg, Platelet-rich plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons Clinical Practice Guideline: Treatment of Osteoarthritis of the Knee, 2nd edition, Recommendation #10.

Decision rationale: Platelet-rich plasma therapy (Abbreviated as PRP) is a procedure in which blood plasma that has been enriched with platelets is injected into soft tissue or joint spaces. The theory as to why this is an effective therapy is that PRP is a concentrated source of autologous platelets, which contains and releases (through degranulation) several different growth factors and other cytokines that stimulate healing of bone and soft tissue. The MTUS does not address this therapy. The American Academy of Orthopedic Surgeons (AAOS) Clinical Practice Guideline was unable to recommend for or against use of this modality as it found a lack of controlled prospective blinded randomized clinical trials with a placebo controlled group to support the use of platelets or platelet derived growth factor concentrates in the treatment of osteoarthritis of the knee. As there is a paucity of scientific evidence or clinical practice guideline support for this procedure, medical necessity to use platelet-rich plasma injection therapy has not been established and therefore the request is not medically necessary.

