

<b>Case Number:</b>	CM15-0010798		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Family Practice

### 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 53 year old male, who sustained an industrial injury on 1/14/09. He has reported right knee pain. The diagnoses have included right knee sprain, right knee medial meniscal tear and right knee synovitis. Treatment to date has included functional capacity evaluation, diagnostic studies, right knee arthroscopy, physical therapy, chiropractic treatments and oral medications. As of the PR2 dated 11/4/14, the injured worker reported residual pain status post right knee arthroscopy. He indicated that the current medications offer temporary relief. The treating physician requested a platelet-rich plasma injection to the right knee. On 1/6/15 Utilization Review non-certified a request a platelet-rich plasma injection to the right knee. The utilization review physician cited the ODG knee and leg guidelines. On 1/20/15, the injured worker submitted an application for IMR for review of a platelet-rich plasma injection to the right 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 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, Knee and Leg; 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, Knee and Leg Chapter.

**Decision rationale:** According to the Official Disability Guideline's knee chapter, platelet-rich plasma (PRP) is under study. ODG notes that after 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. (Cohen, 2012). Given that this treatment is currently under study and is not recommended per the Official Disability Guidelines, the request for right knee platelet rich plasma injections would not be supported. The request for Platelet Rich Plasma Injection to the Right Knee is not medically necessary.