

Case Number:	CM15-0132930		
Date Assigned:	07/21/2015	Date of Injury:	06/30/1999
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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, North Carolina
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 61 year old female who sustained an industrial/work injury on 6/30/99. She reported an initial complaint of cervical spine and lumbar pain. The injured worker was diagnosed as having cervical discopathy with disc displacements/p cervical fusion, lumbar discopathy with disc displacement s/p lumbar fusion, and bilateral sacroiliac arthropathy. Treatment to date includes topical and oral medication and diagnostics. MRI results were reported on 4/22/14 that noted mild tendinosis of the quadriceps tendon and patellar attachment with no other findings. Currently, the injured worker complained of residual cervical and lumbar pain centered over the bilateral sacroiliac joints along with left knee pain and swelling. There is also depression related to the chronic pain. Per the primary physician's report (PR-2) on 5/30/15, exam noted tenderness to the cervical paraspinals, decreased motion due to pain and stiffness, positive bilateral Spurling's, tenderness to the sacroiliac joints, positive Fabere and Patrick tests, positive straight leg raise at 20 degrees bilaterally, and diminished sensation at L5-S1 bilaterally. Current plan of care included medication and injection. The requested treatments include PRP (platelet-rich plasma) injection, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection, left knee Qty: 1: 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), PRP.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, PRP.

Decision rationale: ACOEM Guidelines state that there is no recommendation for or against platelet rich plasma (PRP) injections. ODG notes that the efficacy of PRP is under study. ODG also states that PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. Therefore, since the request for PRP is not medically necessary and has not been established it is not recommended.