

<b>Case Number:</b>	CM15-0134180		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	11/13/2002
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This injured worker is a 51 year old female, who reported an industrial injury on 11/13/2002. Her diagnoses, and or impression, were noted to include: bilateral knee internal derangement; and status-post left knee Platelet-Rich Plasma (PRP) injection in the left knee on 9/9/2014 versus 12/19/2014 - effective; cervical post-laminectomy syndrome; status-post cervical discectomy and fusion in 1/2005; mild cervical dystonia; and cervical headaches. No recent imaging studies of the left knee were noted. Her treatments were noted to include PRP injection to the left knee in 2014 - effective; Cortico-steroid injection therapy; acupuncture treatments for the cervical spine in 4/2015; Botulinum Toxin injections for cervicogenic headaches; medication management with toxicology screenings; and rest from work. The progress notes of 5/21/2015 reported that her left knee pain had returned and she requested to undergo another PRP injection. Objective findings were noted to include: tenderness of the bilateral knees along the medial and lateral joint lines, with soft-tissue swelling, left > right; and that the altered gait from her left knee pain was increasing her low back pain. The physician's requests for treatments were noted to include another Platelet-Rich Plasma injection to the left knee, and additional acupuncture treatments.

### 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 left 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 & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Investigational approaches to the pharmacologic therapy of osteoarthritis.

**Decision rationale:** Platelet-rich plasma use in osteoarthritis has been associated with pain relief, improved function, and possible cartilage regeneration. Although findings are encouraging, its use is not supported by evidence of clear clinical improvement. In a randomized trial of patients with bilateral knee osteoarthritis, there were no significant differences between the groups receiving a single versus two injections of PRP. Patients with milder OA fared better than those with more severe OA, and the degree of improvement deteriorated after six months. Additional studies are needed to justify its use in osteoarthritis. This injured worker has a diagnosis of bilateral knee internal derangement. The medical necessity of a repeat platelet rich plasma injection to the left knee is not substantiated.

**8 acupuncture treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4, 8-9.

**Decision rationale:** Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that the worker is not able to return to productive activities or that the worker is participating in an ongoing exercise program to which the acupuncture would be an adjunct. Additionally, in this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for acupuncture treatments.