

Case Number:	CM15-0139271		
Date Assigned:	07/29/2015	Date of Injury:	09/24/2009
Decision Date:	09/03/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, 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:

This is a 51 year old female patient, who sustained an industrial injury on 9/24/2009. Diagnoses include status post left knee diagnostic and operative arthroscopy (11/08/2013). Per the Primary Treating Physician's Progress Report dated 4/28/2015, she had complaints of continuation of left knee pain described as achiness, stiffness, pain and swelling on prolonged weight bearing activity. Physical examination revealed well-healed arthroscopic portals, tenderness to palpation along the lateral joint line, positive patellofemoral crepitation and positive grind. The current medications list is not specified in the records provided. Per the previous peer review dated 7/6/15, patient has tried Naprosyn and Tylenol. She has had Magnetic resonance imaging (MRI) of the left knee dated 4/16/2015 which revealed 8x3 deep chondral erosion in the central and anterior weight bearing medial femoral condyle with no evidence of meniscal tear; chronic synovitis with synovial frond like proliferation along the posterior wall of the suprapatellar bursa with adjacent supra synovial plica formation, intact cruciate and collateral ligaments and normal patellofemoral joint. She has undergone left knee arthroscopic surgery on 11/8/13; right shoulder arthroscopic surgery on 4/26/2013; right knee arthroscopic surgery on 10/5/12; left shoulder arthroscopic surgery on 1/29/2010; left shoulder revision arthroscopic surgery on 7/11/2011. She has had physical therapy visits for this injury. The plan of care included evaluation for a platelet rich plasma injection (PRP), 12 additional sessions of physical therapy, and one Synvisc one viscosupplementation injection. Authorization was requested for one PRP to left knee under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Platelet rich plasma injections to right knee under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 (ODG) Chapter: Chapter: Knee & Leg (updated 07/10/15), Platelet-rich plasma (PRP).

Decision rationale: 1 Platelet rich plasma injections to right (left as per internal document) knee under ultrasound guidance. Per the cited guidelines, platelet rich plasma injection is "Recommended for limited, highly specific indications. These include significantly symptomatic osteoarthritis or refractory patella tendinosis, as indicated below.....The popularity of PRP has increased in the medical community, and it has received increased media attention in recent years particularly because professional athletes have undergone this procedure. There is still a need for further basic-science investigation as well as longer-term randomized controlled trials to identify the benefits and adverse effects that may be associated with the use of PRP. Further clarification of indications and time frames are also needed. After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. (Cohen, 2012) There is limited reliable clinical evidence to guide the use of PRP. (Hsu, 2013)....ODG Criteria for Platelet-rich plasma (PRP) intra-articular injection: (1) Significantly symptomatic osteoarthritis: (a) Not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 6 months; (b) Documented symptomatic mild-moderate (not advanced) osteoarthritis of the knee; & (c) Under 50 years of age; & (d) Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; (e) Failure to adequately respond to aspiration and injection of intra-articular steroids; & (f) Generally performed without fluoroscopic or ultrasound guidance; & (g) Single injection highly concentrated WBC-poor (filtered); & (h) Maximum once yearly if previous injection documented significant relief for over 6 months; OR (2) Refractory patella tendinosis: (a) Not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 12 months; & (b) Single injection, not multiple." Evidence of significantly symptomatic osteoarthritis or refractory patella tendinosis is not specified in the records provided. There is still no sufficient high-grade scientific evidence to support platelet rich plasma injection for this diagnosis. Failure of conservative therapy including oral pharmacotherapy is not specified in the records provided. The guideline criteria state that PRP is generally performed without ultrasound guidance.1 Platelet rich plasma injection to the knee under ultrasound guidance is not medically necessary for this patient at this juncture.