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| Case Number: | CM15-0139698 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 12/29/2014 |
| Decision Date: | 08/26/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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: 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 49 year old male who sustained an industrial injury on 12/29/2014 when his right foot became entangled and headaches fell while working construction. The injured worker was diagnosed with internal derangement to the left knee, meniscus tear and chondromalacia of the patella. No surgical interventions were documented. Treatment to date has included diagnostic testing with recent right knee magnetic resonance imaging (MRI) on May 12, 2105, conservative measures, chiropractic therapy, physical therapy and medications. According to the primary treating physician's progress report on June 24, 2015, the injured worker continues to experience right knee pain. Examination demonstrated tenderness over the anterior joint line and patellofemoral aspect of the right knee. There was a positive patellar compression test noted. Current medications were not documented. The injured worker remains off work on temporary total disability (TTD). Treatment plan consists of the current request for platelet rich plasma injection to the right knee under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP (Platelet-rich plasma) injection 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 (ODG), pain chapter, knee chapter, PRP.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PRP injections, knee.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG states that a small study showed benefit from multiple PRP injections in patients with chronic refractory patellar tendinopathy. There was also some noted benefit in patients post ACL repair. The patient has neither of these diagnoses and the ODG does not support PRP injections otherwise. Therefore the request is not medically necessary.