

Case Number:	CM15-0144208		
Date Assigned:	08/05/2015	Date of Injury:	04/21/2010
Decision Date:	09/09/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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: Physical Medicine & Rehabilitation

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 55-year-old male, who sustained an industrial injury on 04-21-2010. He has reported injury to the left knee. The diagnoses have included left internal knee derangement; status post left knee arthroscopy with partial medial meniscectomy; symptomatic chondromalacia patella left knee; left knee osteoarthritis; rule out recurrent meniscal tear left knee; lumbar spine strain, rule out lumbar radiculopathy. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Voltaren. A progress report from the treating physician, dated 06-08-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of left knee pain; low back discomfort; he has had mild improvement with left knee surgery, but symptoms have continued; the low back pain is aggravated by walking, lifting, and bending; the left knee pain is rated at 8 out of 10 on the pain scale; and the left knee pain is aggravated by walking, standing, and squatting. Objective findings included the gait is guarded; he is able to walk on toes and heels with difficulty; there is midline spinous process tenderness to palpation at the lumbosacral junction; there is pain on flexion and extension of the lumbar spine; there is left quadriceps atrophy; there is left anterior knee tenderness; patella compression test is positive on the left; and he is a candidate for a left knee platelet rich plasma injection. The treatment plan has included the request for platelet rich plasma injection to left 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 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. 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 Official Disability Guidelines (ODG) Knee and Leg Chapter, under Platelet-Rich Plasma.

Decision rationale: The patient was injured on 04/21/10 and presents with left knee pain and low back discomfort. The request is for a platelet rich plasma injection to the left knee. The utilization review denial rationale is that "although the patient has left knee pain and symptoms of chondromalacia patella and early osteoarthritis, exhaustion and failure of recommended conservative care with recent physical therapy and steroid injection was not documented." The RFA is dated 06/23/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient has had any prior PRP injections to the left knee. MTUS is silent regarding request; however, ODG Guidelines, Knee and Leg Chapter, under Platelet-Rich Plasma states: "Under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added." ODG appears to support PRP injections for early OA of the knee stating: "A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients." "Platelet-rich plasma injections can benefit patients with cartilage degeneration and early osteoarthritis (OA) of the knee, according this RCT. In patients with minimal OA, platelet-rich plasma (PRP) works better than hyaluronic acid." The patient has a guarded gait, able to walk on toes and heels with difficulty, tenderness along the left anterior knee, and a positive left patella compression test. The left knee MRI (date of MRI not indicated) reveals degenerative change involving the weight bearing portion of the lateral tibial plateau. There is chondromalacia patella without joint effusion. The patient is diagnosed with left internal knee derangement; status post left knee arthroscopy with partial medial meniscectomy; symptomatic chondromalacia patella left knee; left knee osteoarthritis; rule out recurrent meniscal tear left knee; lumbar spine strain, rule out lumbar radiculopathy. Treatment to date includes medications, diagnostics, bracing, physical therapy, and surgical intervention. The reason for the request is not provided. In this case, ODG guidelines states platelet rich plasma injections are under study and improvement was found only in patients with chronic refractory patellar tendinopathy, which the treater does not document. Furthermore, ODG guidelines support the use of PRP injections "for less severe, very early arthritis, in younger people under 50 years of age." Although the patient is diagnosed with osteoarthritis, the patient is over 50 years of age (55 years old). The requested platelet rich plasma injection to the left knee is not medically necessary.