

<b>Case Number:</b>	CM15-0148102		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker was a 49 year old male, who sustained an industrial injury, April 23, 2013. The injury to the left shoulder happened when a laundry cart was being lifted on to a truck. The lift was raised before the cart was secured and the injured worker used the left arm to secure the cart when it started to roll off the truck. With the effort, the injured worker felt a pop in the left shoulder and an electrical sensation up the left upper extremity. The injured worker had 2 right injuries first in 1994 and the second in 2007 of right meniscus tear which were worker related. The injured worker previously received the following treatments left knee MRI, right knee X-rays which showed mild degenerative changes on August 8, 2014, Ibuprofen, Hydrocodone, Celebrex, right knee Synvisc injection, right knee cortisone injections, PRP (platelet rich plasma) on June 18, 2015 and the injured worker returned to work. The injured worker was diagnosed with low back pain, left upper extremity pain and bilateral lower extremity pain and status post arthroscopic right knee surgery. According to progress note of July 14, 2015, the injured worker's chief complaint was right knee pain. The injured worker returned to worker after receiving a Synvisc and PRP injections. However, the injured worker was wearing gear required for the job and had to run to a code, one hour after returning to work. The injured worker's knee became painful and symptomatic again. The physical exam noted the issues were isolated to the medial compartment. There was a slight effusion and slight temperature gradient. There was mild crepitus to the medial compartment. The treatment plan included injections of PRP (platelet rich plasma), arthrocentesis, aspiration and or injection with ultrasound guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Injection(s), platelet rich plasma:** 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).

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

**Decision rationale:** This claimant was injured in 2013 with a pop in the left shoulder and an electrical sensation up the left upper extremity. The injured worker had 2 right knee injuries first in 1994 and the second in 2007 for right meniscus tears. There was a prior right knee Synvisc injection, right knee cortisone injections, and platelet rich plasma injections on June 18, 2015 and the injured worker returned to work. The diagnoses were low back pain, left upper extremity pain and bilateral lower extremity pain and status post arthroscopic right knee surgery. As of July 2015, there was still right knee pain. The injured worker returned to work after receiving a Synvisc and the platelet rich plasma injections. The injured worker's knee became painful and symptomatic again after a strenuous event. The MTUS is silent regarding this method. The ODG gave it an "Under study" rating. Only a small study was done. 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. It is not clear there is patellar tendinopathy; vs other forms of degenerative knee pathology for which the method has not been tested. Despite claimed success from an initial injection, as the method is still under study, I do not endorse using it on injured worker care until it is proven. The request is not medically necessary under the evidence-based criteria.

### **Arthrocentesis, aspiration and/or injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As shared, this claimant was injured in 2013 with a pop in the left shoulder and an electrical sensation up the left upper extremity. The injured worker had 2 right knee injuries first in 1994 and the second in 2007 of right meniscus tear which were worker related. There was a prior right knee Synvisc injection, right knee cortisone injections, PRP (platelet rich plasma) on June 18, 2015 and the injured worker returned to work. The diagnoses were low back pain, left upper extremity pain and bilateral lower extremity pain and status post arthroscopic right knee surgery. As of July 2015, there was still right knee pain. The injured worker returned

to worker after receiving a Synvisc and PRP injections. The injured worker's knee became painful and symptomatic again after a code. The arthrocentesis and aspiration and/or injection would be done as part of the Platelet Rich Protein injection, which was non-certified in the previous review. As the injection itself was non-certified, accompanying procedures would also be unnecessary. The request is not medically necessary.

**Ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As shared previously, this claimant was injured in 2013 with a pop in the left shoulder and an electrical sensation up the left upper extremity. The injured worker had 2 right knee injuries first in 1994 and the second in 2007 of right meniscus tear which were worker related. There was a prior right knee Synvisc injection, right knee cortisone injections, PRP (platelet rich plasma) on June 18, 2015 and the injured worker returned to work. The diagnoses were low back pain, left upper extremity pain and bilateral lower extremity pain and status post arthroscopic right knee surgery. As of July 2015, there was still right knee pain. The injured worker returned to worker after receiving a Synvisc and PRP injections. The injured worker's knee became painful and symptomatic again after a code. The ultrasound guidance would be done as part of the Platelet Rich Protein injection, which was non-certified in the previous review. As the injection itself was non-certified, accompanying procedures would also be unnecessary. The request is not medically necessary.