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| Case Number: | CM15-0168819 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 06/20/2013 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old male who sustained an industrial injury on 6-20-13 with current complaints of knee pain. Previous treatment noted includes medication, at least 5 physical therapy sessions, X-rays left knee 7-29-15, MRI-left knee 2013 and 2014, arthroscopic left knee surgery 9-26-13, modified work duty, Cortisone injection-left knee 12-2013, a second left knee surgery 2-27-14, 3 Synvisc injections, orthopedic evaluation 6-2-14, psychological evaluation, electromyography of the lower extremities, a third left knee surgery 3-13-15, and a pain management evaluation 5-13-15. In an initial orthopedic evaluation dated 7-16-15, the secondary physician notes he has had 3 left knee surgeries and has had no pain relief. His knee has buckled on four occasions causing him to lose his balance. He walks with an antalgic gait, has difficulty with ambulation and stair climbing. His knee pain is noted to be affecting all aspects of his life. He has experienced anxiety, stress, and difficulty sleeping due to pain and has difficulty with activities of daily living. He is currently not working. He began to have pain in the low back due to an altered gait and is experiencing severe pain in the left hip and down the left leg to the foot. Medications are Ambien, Norco, and Naproxen. Left knee range of motion is decreased secondary to pain. Flexion is 90 degrees and extension is 20 degrees. There is patellar crepitus, swelling, and tenderness. Quadriceps and hamstrings on the left are 4 out of 5. He has a tricompartmental osteoarthritis and is indicated for a total knee arthroplasty, but is too young to undergo this procedure and will put that off for as long as possible. A platelet rich plasma injection to the left knee is recommended. The request for authorization is dated 7-28-15. On 8-

6-15, utilization review issued a denial of the requested treatment of (PRP) platelet rich plasma injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Platelet rich plasma (PRP).

Decision rationale: The claimant sustained a work injury to the left knee in June 2013. He has undergone three knee surgeries done in September 2013, February 2014, and March 2015. Treatments have included medications, physical therapy, corticosteroid injections, and viscosupplementation injections. When seen, there was decreased left knee range of motion with pain. There was patellar crepitus. There was joint line and patellar facet tenderness and swelling with decreased strength. He had an antalgic gait. An x-ray showed mild medial compartment osteoarthritis. Platelet rich plasma (PRP) injections for the knee are still under study. 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. In this case, the claimant is under age 50 and has failed other treatments. He has x-ray findings that would support a promising response to the proposed procedure. The request, therefore, is medically necessary.