

<b>Case Number:</b>	CM15-0169045		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/07/2007
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 60 year old, female who sustained a work related injury on 2-7-07. The diagnoses have included bilateral knee degenerative joint disease, and right shoulder osteoarthritis. She is currently being treated for right knee and right shoulder pain. Treatments in the past include chiropractic treatments. Current treatments are chiropractic treatments. Medications she is currently taking are unknown. In the PR-2 dated 8-7-15, the injured worker reports relief with chiropractic and has continued pain and discomfort. She has increased right knee pain. Upon physical exam, she has positive Hawkin's and Neer's tests. Decreased range of motion in right shoulder. She has a right knee effusion and positive crepitation. She has decreased right knee range of motion with range of motion and weight bearing, 1-130. She is not working. The treatment plan includes platelet-rich plasma injections to right shoulder and right knee and to continue chiropractic care. The Utilization Review, dated 8-20-15, states platelet-rich plasma injections x 3 in right knee is non-certified due to "there is no imaging report submitted which confirms evidence of osteoarthritis and-or refractory patella tendinosis." For platelet-rich plasma injections x 3 to the right shoulder is non-certified due to "the records submitted do not reflect that this intervention will be used in conjunction with an arthroscopic repair." It is not a solo treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Platelet rich plasma injection x 3 to right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee and Leg Procedure Summary, Criteria for Platelet rich plasma.

**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:** Based on the 8/7/15 progress report provided by the treating physician, this patient presents with increased pain/discomfort in right knee. The treater has asked for platelet rich plasma injection x 3 to right knee on 8/7/15. The request for authorization was not included in provided reports. The patient states that chiropractic treatment is providing relief, per 8/7/15 report. The patient is s/p 3 sessions of chiropractic with a home exercise program per 7/14/15 report. The patient has had unspecified sessions of physical therapy which has increased activities of daily living and decreased use of medications. The patient's work status is "off work until next appointment" in one month, as per 8/7/15 report. 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 reason for the request is not provided. Utilization review letter dated 8/20/14 denies request as there is no imaging submitted that confirms evidence of osteoarthritis and/or refractory patella tendinosis. 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 (60 years old). Therefore, the requested platelet rich plasma injection to the right knee IS NOT medically necessary.

### **Platelet-rich plasma injection x 3 to the right shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee and Leg Procedure Summary, Criteria for Platelet rich plasma.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter under Platelet-rich Plasma.

**Decision rationale:** Based on the 8/7/15 progress report provided by the treating physician, this patient presents with increased pain/discomfort in right knee. The treater has asked for platelet-rich plasma injection x 3 to the right shoulder on 8/7/15. The request for authorization was not included in provided reports. The patient states that chiropractic treatment is providing relief, per 8/7/15 report. The patient is s/p 3 sessions of chiropractic with a home exercise program per 7/14/15 report. The patient has had unspecified sessions of physical therapy which has increased activities of daily living and decreased use of medications. The patient's work status is "off work until next appointment" in one month, as per 8/7/15 report. The MTUS and ACOEM Guidelines do not address this request. ODG Guidelines, Shoulder Chapter under Platelet-rich Plasma states: Under study as a solo treatment. Recommended PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. PRP looks promising, but it may not be ready for primetime as a solo treatment. The treater has not specifically discussed this request; no RFA was provided either. Utilization review letter dated 8/20/14 denies request as the treater does not state that this intervention will be used in conjunction with an arthroscopic repair. There is no indication that the patient has received PRP treatment in the past. There is no indication of arthroscopic surgery for repair of rotator cuff tear for which this injection is currently indicated. In this case, given the lack of support for platelet-rich treatment from the ODG Guidelines, the request IS NOT medically necessary.