

Case Number:	CM15-0180347		
Date Assigned:	09/22/2015	Date of Injury:	12/15/2011
Decision Date:	10/30/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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 53 year old male who sustained an industrial injury on 12-15-2011. Current diagnoses include left hip labral tear, left hip tenosynovitis-left gluteus medial and vastus, and left hip articular cartilage-recurrent trochanteric. Report dated 08-17-2015 noted that the injured worker presented with complaints that included left hip symptoms. Pain level was not included. Physical examination performed on 08-17-2015 revealed muscular atrophy, tenderness to palpation, exquisite pain over the lateral aspect of the left hip, no significant change in range of motion, and provocative hip test is positive. Previous diagnostic studies included an MRI. Previous treatments included medications, surgical intervention, physical therapy, and injections. The treatment plan included a request for an outpatient PRP (platelet rich plasma) injection, and athletic restrictions discussed. Work status was documented as temporary totally disabled. The utilization review dated 09-03-2015, non-certified the request for PRP (platelet rich plasma) injection to the left hip abductor and gluteus maximus to avoid surgical intervention for the abductor pathology.

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 to the left hip abductor and gluteus maximus to avoid surgical intervention for the abductor pathology: 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), Hip and Pelvis Chapter - Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter states the following under Platelet Rich Plasma injections.

Decision rationale: The patient presents on 08/17/15 with unrated left hip pain. The patient's date of injury is 12/15/11. Patient is status post left hip surgery on 06/17/14. The request is for PRP (PLATELET RICH PLASMA) INJECTION TO THE LEFT HIP ABDUCTOR AND GLUTEUS MAXIMUS TO AVOID SURGICAL INTERVENTION FOR THE ABDUCTOR PATHOLOGY. The RFA was not provided. Physical examination dated 08/17/15 reveals tenderness to palpation over the left hip with muscle atrophy noted in the region, positive RADDIR, and the provider notes that the patient walks with a limp. The patient's current medication regimen is not provided. Patient is currently advised to remain off work for an unspecified period. Official Disability Guidelines, Pain chapter states the following under Platelet Rich Plasma injections: Not recommended for chronic pain except in a research setting. ODG Guidelines, Hip and Pelvis chapter, under platelet rich plasma injections states: Under study. For OA of the hip, this preliminary non-controlled prospective study supported the safety, tolerability and efficacy of PRP injections for pain relief and improved function in a limited number of patients. Each joint received three IA injections of PRP, which were administered once a week. 40% of the patients were classified as excellent responders who showed an early pain reduction at 6-7 weeks, which was sustained at 6 months, and a parallel reduction of disability. (Sanchez, 2012) Little has been published regarding the use of platelet-rich plasma during total hip arthroplasty. This study concluded that the use of platelet-rich plasma does not appear to have a role in total hip arthroplasty. In regard to the request for what appears to be this patient's second platelet rich plasma injection for his hip pathology, such treatments are not supported by guidelines. Per UR appeal letter dated 09/01/15, the provider states: "You will find that the patient is still TTD with noted limp. Gait is normal. Those are his functional deficits. He wishes to return to work as a Sheriff. The experience [REDACTED] has with using PRP post labral repair with articular deficits is quite successful. Athletes have returned to their profession." While the provider may have personal experience of the efficacy of PRP injections, guidelines do not support such procedures except in the research setting at this time. Therefore, the request is not medically necessary.