

<b>Case Number:</b>	CM15-0183287		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/09/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 26 year old female who sustained an industrial injury on 02-09-2015. The injured worker was diagnosed with right knee arthropathy with meniscus disruption. According to the treating physician's progress report on 08-19-2015, the injured worker continues to experience right knee pain with episodic swelling aggravated by walking, stair climbing and prolonged standing. The injured worker reported improved capacity to perform work and home activities with the prescribed medications. Examination demonstrated no obvious swelling or deformity of the right knee. There was tenderness primarily along the medial line joint and mild tenderness laterally as well. Flick's and McMurray's tests were positive with all other provocative testing noted as negative. On 07-27-2015, a progress report documented the injured worker's pain level at 5 out of 10 at the best and 8 out of 10 on the pain scale as the worst pain. This report also noted right knee range of motion at 0-90 degrees. Recent diagnostic testing with right knee magnetic resonance imaging (MRI) was performed on 03-12-2015. The impression stated "small focal tear at the central aspect of the anterior horn of the lateral meniscus with a small associated 9mm meniscal cyst, very small joint effusion and moderate lateral patellar tracking". Prior treatments included steroid injections, modified activity, hinged knee brace, physical therapy (documented as aggravated the symptoms) and medications. Current medications were listed as Ultram Elbow, Naprosyn and Protonix. Treatment plan consists of continuing with medication regimen, modified work duties and the current request for platelet rich plasma injection, ultrasonic guidance of the right knee. On 08-25-2015 the

Utilization Review determined the request for one platelet rich plasma injection, ultrasonic guidance of the right knee, as an outpatient, was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) platelet rich plasma injection, ultrasonic guidance of the right knee, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

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

**Decision rationale:** The MTUS is silent on the use of platelet-rich plasma. Per the ODG guidelines with regard to platelet-rich plasma: 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. The documentation submitted for review does not indicate that the injured worker suffers from patellar tendinopathy. As the guidelines do not recommend platelet-rich plasma injection since it remains under study, the request is not medically necessary.