

Case Number:	CM15-0190266		
Date Assigned:	10/02/2015	Date of Injury:	11/12/2013
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

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 55 year old male, who sustained an industrial injury on 11-12-13. Medical records indicate that the injured worker is undergoing treatment for a lumbar strain with radiation to the right lower extremity (rule out disc herniation), slightly impaired gait secondary to low back pain, right knee sprain-strain and left knee post-traumatic osteoarthritis. The injured worker is currently not working. On (8-11-15) the injured worker complained of lumbar spine pain and bilateral knee pain. The injured workers low back pain was rated 2 out of 10, left knee pain 6-7 out of 10 and right knee pain 4 out of 10 on the visual analogue scale. The pain was better with rest and medications and worse with weather and activities. Examination of the right knee revealed crepitus and pain medially. There was decreased range of motion with flexion 110 degrees and extension 0 degrees. Treatment and evaluation to date has included medications and left knee Supartz injections. Current medications include Naproxen. The request for authorization dated 8-26-15 included a request for a platelet-rich injection (PRP) 1% to the right knee. The Utilization Review documentation dated 9-8-15 non-certified the request for a platelet-rich injection (PRP) 1% to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection 1% to the 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 (ODG), Platelet-rich plasma (PRP).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of PRP therapy. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.