

Case Number:	CM15-0190346		
Date Assigned:	10/02/2015	Date of Injury:	08/05/2011
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
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: 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 39 year old male, who sustained an industrial injury on 8-05-2011. The injured worker is being treated for status post right knee arthroscopy and right knee medial meniscus tear. Treatment to date has included surgical intervention (2011), physical therapy, medications, epidural injections, and diagnostics. Per the Primary Treating Physician's Progress Report dated 8-21-2015 the injured worker presented for a follow-up visit. He reported low back pain with radiation to the bilateral lower extremities and rated as 5-6 out of 10. He is status post right knee arthroscopy with residual pain rated as 7-8 out of 10. He also reported ankle pain with spasm. Objective findings of the right knee included well healed surgical incisions with +1 effusion and tenderness to palpation at the medial and lateral joint lines. Flexion was 100 degrees (120) and extension was 110 degrees (0). The plan of care included medications, acupuncture, chiropractic care, platelet rich plasma (PRP) injection, electrodiagnostic testing, and specialist referrals. Authorization was requested for PRP injection for the right knee. On 8-31-2015, Utilization Review non-certified the request for PRP injection for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma 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), Knee and Leg (Acute & Chronic) - 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) Knee & Leg (Acute & Chronic), Platelet-rich plasma (PRP).

Decision rationale: The claimant sustained a work injury in August 2011 while working as a carpet installer with injury to the right knee and leg while moving furniture. He underwent right knee arthroscopic surgery on 09/29/11 and had post-operative physical therapy. When seen, he had residual right knee pain rated at 7/10. Physical examination findings included medial and lateral joint line tenderness. There was decreased range of motion with positive McMurray, Lachman, and Apley compressions testing. There was a 1+ effusion. Authorization is being requested for PRP injections for the knee. An MRI of the right knee in June 2015 showed findings of a medial meniscus tear, lateral meniscus degeneration, and chondromalacia of the patella. Criteria for an intra-articular platelet-rich plasma (PRP) injection for symptomatic mild to moderate osteoarthritis are osteoarthritis that has not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or when there is intolerance of these therapies after at least 6 months and a failure to adequately respond to aspiration and injection of intra-articular steroids. A single injection can be recommended. In this case, there is no diagnosis of osteoarthritis or evidence of failure of a corticosteroid injection. A series of 5 injections was initially requested. A PRP injection for the knee is not medically necessary.