

<b>Case Number:</b>	CM15-0192123		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 12-22-2009. She has reported subsequent right shoulder, right knee and low back pain and was diagnosed with recalcitrant right prepatellar bursitis status post contusion and laceration with residual patellofemoral syndrome, compensatory thoracolumbar sprain and strain and right shoulder biceps tendinitis with history of impingement on the left currently asymptomatic. Four weight-bearing views of the lumbar spine on 07-16-2015 were noted to be within normal limits. Four weight bearing view of the right knee on 07-16-2015 were noted to show mild lateral patella tilt with small effusion. Treatment to date has included pain medication, physical therapy, chiropractic treatment and knee bracing, which were noted to have failed to significantly relieve the pain. In a progress note dated 07-16-2015, the injured worker reported bilateral shoulder pain, constant burning pain in the anterior aspect of the right knee and constant mid back pain, slightly to the right. The injured worker reported popping and cracking of the bilateral shoulders with numbness during sleep that awakened her, swelling of the right knee, an intermittent feeling of giving way of the right knee and difficulty ascending and descending stairs. Objective examination findings revealed tenderness to palpation of the right shoulder, mild biceps pain with Speed's test of the right shoulder, decreased sensation to light touch on the left in the L2-S1 distribution, tenderness over the midline from T12 to L2, bilateral ipsilateral groin pain with Fabere and flexion, internal rotation maneuver of the hip and localized tenderness over the right prepatellar bursa and patella ligament, patellar compression test on the right. The injured worker was noted to be off work. The physician noted that platelet rich plasma injection series would be

requested to provide relief from the chronic tendinopathy related impairment. A request for authorization of platelet rich plasma injection series (up to 3 separate injections) to the right shoulder and right knee was submitted. As per the 09-04-2015 utilization review, the request for platelet rich plasma injection series (up to 3 separate injections) to the right shoulder and right knee was modified to certification of single platelet rich plasma injection to the right shoulder and to 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 injection series (up to 3 separate injections) to the right shoulder and 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 & Leg.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that PRP injections for the knee are only indicated in highly specific indications. Possible indications are for severe osteoarthritis and refractory patellar tendinosis. The patient has patellofemoral syndrome and patellar bursitis. The patient continues to have symptoms despite multiple prescribed therapies. However, a series of injections would not be indicated without clear benefit in pain and function from the injection. Therefore, the request is not medically necessary.