

<b>Case Number:</b>	CM15-0194058		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 62 year old male, who sustained an industrial injury on 9-24-12. The documentation on 8-11-15 noted that the injured worker has complaints of burning bilateral knee pain and muscle spasms. The injured worker rates the pain as 4 out of 10 on a pain analog scale and the pain is described as mild to moderate. Bilateral knee examination revealed that the injured worker is able to perform heel and toe walk, however has pain with both toe and heel walking. The injured worker is able to squat to approximately 60 percent of normal due to the pain. There is crepitus noted with motion and there is 1+ effusion noted. There is tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint, bilaterally. range of motion of the bilateral knees is 130 degrees flexion and normal is 140 degrees; displacement of cervical intervertebral disc without myelopathy; brachial neuritis or radiculitis not otherwise specified and rotator cuff (capsule) sprain. The diagnoses have included sprains and strains of unspecified site of knee and leg. Treatment to date has included acupuncture; chiropractic treatment; physical therapy; shockwave therapy; deprizine; dicopanol; fanatrex; synapryn; tabradol; cyclobenzaprine and ketoprofen cream. The original utilization review (9-10-15) non-certified the request for platelet-rich plasma therapy 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 therapy for 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) Knee & Leg (updated 07/10/15) Online Version.

**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 (PRP).

**Decision rationale:** The MTUS is silent on Platelet Rich Plasma (PRP) injections, but according to the ODG "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 clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. (Filardo, 2009) Platelets are known to release various growth factors that are associated with tissue regeneration/healing and angiogenesis, as well as a variety of chemicals (adenosine, serotonin, histamine, and calcium) that may be important in inhibiting inflammation and promoting angiogenesis. The exact mechanism of action in the context of PRP is still being investigated". PRP is still a developing treatment and is only recommended for "refractory patellar tendinopathy". The treating physician has not documented refractory patellar tendinopathy. As such, the request for Platelet-rich plasma therapy for the right knee is not medically necessary.