

Case Number:	CM15-0195861		
Date Assigned:	10/12/2015	Date of Injury:	08/31/2008
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male who sustained an industrial injury on 8-31-2008. A review of medical records indicates the injured worker is being treated for status post left total hip arthroplasty and right hip degenerative joint disease. Medical records dated 8-19-2015 noted left hip pain with active flexion of the hip. He had a cortisone injection at his last visit which improved his pain. He has had OrthoVisc injections to bilateral knees with tremendous relief. Physical examination noted right hip exam noted decreased range of motion especially with flexion and internal rotation. There was a positive anterior impingement. Treatment has included surgery and injections. Utilization review dated 9-8-2015 noncertified right hip PRP injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip platelet-rich plasma (PRP) injection: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter/Platelet-rich plasma (PRP) Section.

Decision rationale: The MTUS guidelines do not address the use of platelet-rich plasma injections for the hip, therefore, alternative guidelines were consulted. Per the ODG, this procedure is currently under study. For osteoarthritis of the hip, this preliminary non-controlled prospective study supported the safety, tolerability and efficacy of PRP injections for pain relief and improved function in a limited number of patients. This procedure lacks quality studies to support its widespread use, therefore, the request for right hip platelet-rich plasma (PRP) injection is not medically necessary.