

<b>Case Number:</b>	CM15-0196315		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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:

This is a 49 year old male who sustained a work-related injury on 11-9-10. On 8-10-15, the injured worker was evaluated for left knee patellofemoral chondromalacia with chondral defect and patellar tendinitis. He reported continued pain in the left knee particularly going up and down stairs. The pain was primarily anteriorly both deep inside underneath his kneecap and over the anterior patella. Objective findings included no evidence of effusion. The injured worker was significantly deconditioned and he had pain with patellar grind. He had pain with palpation on the patellar tendon insertion on the patella. An MRI scan was documented by the evaluating physician as revealing a chondral defect in the undersurface of the patella consistent with his previous arthroscopy. He was encouraged to be focused and aggressive with rebuilding his strength. He was provided a patellar tendon strap and visco supplementation was recommended to address the chondromalacia in the patella. Medical record documentation on 9-2-15 revealed the injured worker was being treated for lumbar sprain-strain, sprain-strain of the neck, pain in the lower leg joint and lumbar degenerative disc disease. He completed a functional restoration program. The evaluating physician noted he had some difficulty with physical therapy and overall the program was very effective for him. He had learned coping mechanisms and gained some strength. He had difficulty with standing, walking, squatting, and lifting. Objective findings included normal muscle tone of the left lower extremity without atrophy. He had 5-5 muscle strength in the left lower extremity and his gait was normal. An MRI of the left knee on 7-26-12 was documented as revealing no evidence of meniscal or ligamentous injury, mild patellofemoral osteoarthritis, mild joint effusion and a small enchondroma at the distal femoral shaft. Previous treatment included medications for pain management, cortisone injection, physical therapy and exercise. The cortisone injection provided limited benefit. A request for platelet rich plasma (PRP) for the left knee was received on 9-9-15. On 9-15-15, the Utilization Review physician determined platelet rich plasma (PRP) for the left knee was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma (PRP), left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 directly address the requested service. The ODG states that PRP injections to the knee have limited benefit in only specialized cases in patients who have failed other conservative therapies. This patient has tendinitis and chondromalacia. There is no documentation of failure of other conservative therapies. The request is also for a series of 3 injections, Without objective gains in pain and function, more than one PRP injection is not clinically indicated. Therefore, the request is not medically necessary.