

Case Number:	CM15-0205055		
Date Assigned:	10/22/2015	Date of Injury:	11/04/2014
Decision Date:	12/10/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 44 year old female, who sustained an industrial injury on November 04, 2014. The injured worker was diagnosed as having rule out medial meniscus tear. Treatment and diagnostic studies to date has included x-ray of the left knee, x-ray of the right ankle, x-ray of the right knee, magnetic resonance imaging of the right knee, physical therapy, and medication regimen. In a progress note dated July 08, 2015 the treating physician reports complaints of ongoing right knee pain and swelling. Examination performed on July 08, 2015 was revealing for tenderness to the right patellar tendon and the medial and lateral joint line of the right knee, pain with range of motion, and positive McMurray and Apley's testing. The medical records provided included magnetic resonance imaging report of the right knee performed on February 09, 2015 that was revealing for no meniscal tear or ligament rupture, but with an elongated cyst to the patellar tendon noting that this may represent sequelae of a partial tear. On July 08, 2015 the treating physician requested platelet rich plasma injection to the right knee patellar tendon, under ultrasound guidance noting that the injured worker continues to have ongoing and weakness after treatment with physical therapy, activity modification, and use of non-steroidal anti-inflammatory medications. On September 28, 2015 the Utilization Review determined the request for platelet rich plasma injection to the right knee patellar tendon, under ultrasound guidance to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection to the right knee patellar tendon, under ultrasound guidance:
Overturned

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, 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 Chapter/Platelet-rich plasma (PRP).

Decision rationale: According to ODG, Platelet-rich plasma (PRP) is recommended for limited, highly specific indications. These include significantly symptomatic osteoarthritis or refractory patella tendinosis. ODG's criteria for refractory patella tendinosis is as follows: Not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 12 months; and Single injection, not multiple. In this case, the request for platelet rich plasma injections is supported. The injured worker has undergone physical therapy, medications and activity modification without success. The request for platelet rich injection is requested in an attempt to prevent surgical intervention. The request for Platelet rich plasma injection to the right knee patellar tendon, under ultrasound guidance is medically necessary and appropriate.