

Case Number:	CM15-0022857		
Date Assigned:	02/12/2015	Date of Injury:	03/30/2010
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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: California
Certification(s)/Specialty: Emergency 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 36 year old female, who sustained an industrial injury on 3/30/2010. She reports a left knee injury, a neck injury and a low back injury. Diagnoses include meniscus tear and lumbar and cervical disc disease. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/7/2015 indicates the injured worker reported left knee pain. On 1/12/2015, Utilization Review non-certified the request for Viscosupplementation platelet rich plasma injection to the left knee, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation platelet-rich plasma (PRP) injection for the left 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- Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic), Platelet-rich plasma (PRP)

Decision rationale: The requested Viscosupplementation platelet-rich plasma (PRP) injection for the left knee, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic), Platelet-rich plasma (PRP) note "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." The injured worker has left knee pain. The treating physician has documented patellofemoral crepitus. The treating physician has not documented exam and diagnostic evidence indicative of specific pathology, nor failed conservative treatments. The criteria noted above not having been met, Viscosupplementation platelet-rich plasma (PRP) injection for the left knee is not medically necessary.