

Case Number:	CM15-0023221		
Date Assigned:	02/13/2015	Date of Injury:	11/01/2011
Decision Date:	04/02/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/08/2015

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 47 year old female, who sustained an industrial injury on 11/1/11. She has reported pain in the neck, right knee and back related to a motor vehicle accident. The diagnoses have included neck sprain, L4-L5 disc protrusion and status post right knee arthroscopy. Treatment to date has included MRI of the right knee, aqua therapy, physical therapy, right knee arthroscopy and oral medications. As of the PR2 dated 1/30/15, the injured worker reports right knee pain that limits her ability to walk. The treating physician requested a platelet rich plasma injection to the right knee. On 2/6/15 Utilization Review non-certified a request for a platelet rich plasma injection to the right knee. The utilization review physician cited lack of medical necessity and that the treatment is experimental. On 2/8/15, the injured worker submitted an application for IMR for review of a platelet rich plasma injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee, Plasma Rich Protein Injection Qty 1.00: 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), Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Injection with anesthetics and/or steroids.

Decision rationale: According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). There are no peer-reviewed guidelines for treatment with protein-rich plasma injection, and early study results are conflicting. Right knee, Plasma Rich Protein Injection Qty 1.00 is not medically necessary.