

Case Number:	CM15-0029752		
Date Assigned:	02/23/2015	Date of Injury:	09/18/2008
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 53-year-old male who sustained an industrial injury on 9/18/08. The mechanism of injury was not documented. The 6/6/14 left knee MRI impression documented the injured was status post partial medial meniscectomy. There was a complex multidirectional tear in the inner posterior horn involving the free edge, and superior and inferior surface of the medial meniscus. There was medial compartment osteoarthritis. There was free edge fraying of the lateral meniscus, grade 1 proximal patellar tendon tendinosis, small knee joint effusion with a superior patellar plica and suprapatellar recess, and Hoffa's fat pad fibrosis. The 10/27/14 treating physician report cited increased chronic left knee pain doing knee extensions. Physical exam documented full motion, no effusion, some patellar crepitus, an inch of atrophy and no instability. The treatment plan recommended that the patient do straight leg raises rather than knee extensions, and requested authorization for 2 platelet-rich plasma injections to the left knee. The injured worker had an allergic reaction to hyaluronic acid. He was working a sedentary job. The 1/14/15 treating physician report indicated the injured worker had good relief from the platelet-rich plasma. He had not been able to start exercising and strengthening the knee. He had pain, popping, catching, and occasional swelling, but was improved since the injection approximately 4 weeks ago. Physical exam documented patellar crepitus. The treatment plan recommended one more platelet-rich plasma to help with early degenerative changes under the patella and left him rehabilitate the knee to get rid of atrophy. The 2/4/15 utilization review non-certified the request for a second platelet-rich plasma injection to the left knee as there was no

evidence of objective or functional gains from the first injection to support the medical necessity of repeat injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second platelet rich plasma 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 ODG Knee and leg procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Platelet-rich plasma (PRP).

Decision rationale: The California MTUS do not provide recommendations for platelet-rich plasma (PRP) injections. The Official Disability Guidelines indicate that PRP injections are under study. The ODG states that PRP looks promising in patients with very early arthritis under the age of 50, but there is no science behind it yet, despite the popularity among professional athletes for performance enhancement. The American Academy of Orthopedic Surgeons working group for PRP was unable to provide recommendations for the use in patients with degenerative joint disease based on insufficient evidence. This injured worker presents with left knee pain with popping, catching, and occasional swelling. There is imaging evidence of medial compartment osteoarthritis and meniscal pathology. A PRP injection was provided with some pain relief noted but no functional change. The patient had not been able to resume exercise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Given the lack of guideline support and absence of documented functional benefit associated with the initial PRP injection, this request is not medically necessary.