

Case Number:	CM15-0210045		
Date Assigned:	10/28/2015	Date of Injury:	11/14/2014
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/26/2015

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: Physical Medicine & Rehabilitation

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 52 year old male who sustained an industrial injury on 11-14-14. The injured worker reported right knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for right knee degenerative joint disease. Provider documentation dated 9-28-15 noted the work status as "return to full duty as previous." Treatment has included right knee magnetic resonance imaging, status post arthroscopic surgery with synovectomy and meniscectomy (1-7-15), physical therapy, radiographic studies, and home exercise program. Objective findings dated 9-28-15 were notable for right knee with positive effusion and crepitation, tenderness to palpation to the hamstring tendon with strength at 4 out of 5, range of 0-120 degrees, and 2 mm patellofemoral interval on xrays. The original utilization review (10-6-15) denied a request for Right Knee Orthovisc Injections once a week for 3 weeks and Platelet Rich Plasma Injection, one injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Orthovisc Injections once a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: There is a recent x-ray finding of 2 mm patellofemoral interval. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends intra-articular Hyaluronic acid injections as an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. Additionally, Hyaluronic injections may be indicated for osteoarthritis of the knee, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the injection request, failed conservative treatment trial including previous cortisone injections if any, nor identified functional improvement of at least 6 months from prior injections rendered in terms of decreased pharmacological profile, treatment utilization or increased ADLs. The Right Knee Orthovisc Injections once a week for 3 weeks is not medically necessary and appropriate.

Platelet Rich Plasma Injection, one injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Platelet-rich plasma (PRP), pages 339-340.

Decision rationale: There are multiple issues regarding the mechanism of action of PRP and which of the multiple platelet growth factors is active in various applications. A Pub Med review regarding the use of PRP for early osteoarthritis of the knee appears to indicate some short term potential benefit, but high quality RCTs have not been performed to indicate a strong case for use of PRP to treat mild knee osteoarthritis. ODG states the Platelet-rich plasma treatment for patellar tendinopathy and severe knee osteoarthritis remain under study as the exact mechanism of action is still being investigated and the process is affected by various factors including growth factors, immune cells, and numerous chemomodulations. Further clarification with evidenced based studies to identify its side effects, associated adverse effects and benefits if any. Medical necessity has not been demonstrated for the PRP injection beyond guidelines criteria and the request for PRP injection has not been established. The Platelet Rich Plasma Injection, one injection is not medically necessary and appropriate.