

<b>Case Number:</b>	CM15-0213776		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	02/07/2015
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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:

This 48 year old female sustained an industrial injury on 2-7-15. Documentation indicated that the injured worker was receiving treatment for right knee osteoarthritis. The injured worker had a history of a previous right knee injury (9-24-12) that "responded well" to viscoelastic injections". Previous treatment included physical therapy, knee brace and medications. In a PR- 2 dated 4-22-15, the injured worker reported that recent cortisone injection provided approximately two weeks of pain relief. The injured worker stated that she had completed 3 out of 6 sessions of physical therapy with 50% improvement. Physical exam was remarkable for right knee with persistent medial lateral effusion with crepitus, full extension with pain and positive Thessaly test for popping. The physician recommended continuing physical therapy and considering viscosupplementation if no significant improvement following physical therapy. In a special report dated 9-22-15, the physician noted that the injured worker had persistent right knee pain despite long term use of arthroscopy, modified work duty, long-term use of anti-inflammatory medications, steroid injection and physical therapy. The physician stated that magnetic resonance imaging right knee (4-7-15) showed tricompartmental degenerative disc disease osteoarthritis with osteophytes and moderate joint effusion. The physician noted that the injured worker continued to have significant joint line tenderness to palpation of the knee and a chronic antalgic gait. The physician recommended platelet rich plasma injection with ultrasound guidance. On 10-21-15, Utilization Review noncertified a request for platelet rich plasma injection with ultrasound guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Platelet rich plasma injection with ultrasound guidance: 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), Knee Chapter, 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, 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 [REDACTED] 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 with ultrasound guidance is not medically necessary and appropriate.