MAXIMUS Federal Services

Case Number:	CM15-0214293		
Date Assigned:	11/04/2015	Date of Injury:	02/25/2015
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old female who sustained an industrial injury on 2-25-15. A review of the medical records indicates that the worker is undergoing treatment for cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, and knee tendinitis-bursitis. Subjective complaints (9-2-15) include right sided knee pain, is using a cane to ambulate, wearing a brace, and has "significant" headaches. There are complaints of (7-30-15) right knee pain and weakness is worsening on a daily basis, and she has a reduction in her functional capacity and limitation in activities of daily living due to the right knee pain and weakness. Objective findings (7-30-15) include review of the right knee MRI (done 6-2015) which reveals "a posterior radial tear involving the medial meniscus. There was truncation involving the anterior third of the lateral meniscus indicating the previous partial meniscectomy. The posterior free margin fraying is seen." Work status was noted as modified work. Previous treatment includes physical therapy (with no improvement reported), medication, and acupuncture. The requested treatment of platelet rich plasma injection right knee was denied on 10-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection - right 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 (ODG), Knee & Leg, 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 & Leg (Acute & Chronic), Platelet-rich plasma (PRP).

Decision rationale: The claimant sustained a work injury in February 2015 when she tripped and fell striking her right leg. She had physical therapy and, as of 04/21/15, had completed six treatments. She was seen for an orthopedic evaluation in April 2015. She was having right knee and ankle pain. She had pre-injury history of right knee arthroscopic surgery in 1994. Additional testing was requested. An MR/arthrogram of the right knee in June 2015 included findings of a posterior medial meniscus tear without definite evidence of a retear. In July 2015 the MRI results were reviewed. An intra-articular injection was offered but declined. She wanted to undergo right knee surgery and revision arthroscopic with a partial meniscectomy and chondroplasty was planned. When seen in September 2015 the surgery had been denied. She was still complaining of right-sided knee pain. She was using a cane and a brace. There had been no improvement with physical therapy. She was having ongoing significant headaches. No physical examination was recorded. Authorization was requested for a PRP injection for the right knee. Criteria for an intra-articular platelet-rich plasma (PRP) injection for symptomatic mild to moderate osteoarthritis include age less than 50 and a failure to adequately respond to aspiration and injection of intra-articular steroids. In this case the claimant is over age 50 and has not undergone an intra-articular injection of steroids. The criteria are not met. The requested PRP injection is not medically necessary.