

Case Number:	CM15-0217477		
Date Assigned:	11/09/2015	Date of Injury:	08/22/2008
Decision Date:	12/28/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 56 year old female, who sustained an industrial injury on 8-22-2008. The injured worker is being treated for right knee meniscal tear, status post right knee arthropathy, right knee post traumatic arthritis, rule out loose body of right knee and right ankle fracture statues post open reduction internal fixation (ORIF) (preexisting). Treatment to date has included surgical intervention of the right knee (2008), physical therapy, injections, medications, injections, and psychological evaluation and treatment. Per the Primary Treating Physician's Progress Report dated 8-27-2015, the injured worker reported lower back pain with radiation to the hips rated as 4-5 out of 10 and pain in both knees rated as 6-7 in the right knee and 4-5 in the left knee. Objective findings included tenderness to the lumbar paraspinal muscles and quadratus lumborum with hypertonicity. There was tenderness of the bilateral knees at the patella and lateral joint line on the right. There was tenderness to the medial joint line bilaterally. Examination of the right ankle revealed decreased ranges of motion upon plantar flexion and inversion. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. She is not currently working. The plan of care included one platelet rich plasma injection for osteoarthritis of the right knee. On 10-06-2015, Utilization Review non-certified the request for one platelet rich plasma injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee: one platelet-rich plasma injection: 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.

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.

Decision rationale: The MTUS is silent on the use of platelet-rich plasma. Per the ODG guidelines with regard to platelet-rich plasma: Recommended for limited, highly specific indications. These include significantly symptomatic osteoarthritis or refractory patella tendinosis, as indicated below. Platelets are known to release growth factors that are associated with tissue regeneration and angiogenesis, as well as chemicals (adenosine, serotonin, histamine, and calcium) that may be important in inhibiting inflammation and promoting healing. Findings of in vitro and animal studies have suggested that PRP can potentially decrease the inflammatory response and promote the repair and remodeling phases of healing in both muscle and tendon. The popularity of PRP has increased in the medical community, and it has received increased media attention in recent years particularly because professional athletes have undergone this procedure. There is still a need for further basic-science investigation as well as longer-term randomized controlled trials to identify the benefits and adverse effects that may be associated with the use of PRP. Further clarification of indications and time frames are also needed. After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. ODG Criteria for Platelet-rich plasma (PRP) intra-articular injection: (1) Significantly symptomatic osteoarthritis: (a) Not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 6 months; & (b) Documented symptomatic mild-moderate (not advanced) osteoarthritis of the knee; & (c) Under 50 years of age; & (d) Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; & (e) Failure to adequately respond to aspiration and injection of intra-articular steroids; & (f) Generally performed without fluoroscopic or ultrasound guidance; & (g) Single injection highly concentrated WBC-poor (filtered); & (h) Maximum once yearly if previous injection documented significant relief for over 6 months; OR (2) Refractory patella tendinosis: (a) Not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 12 months; & (b) Single injection, not multiple. Per the medical records submitted for review, the injured worker is 56 years old. As this is an exclusionary criteria, medical necessity cannot be affirmed. The request is not medically necessary.