

<b>Case Number:</b>	CM15-0037310		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 (IW) is a 47-year-old female who sustained an industrial injury on 01/22/2014. She has reported pain in the left posterior and proximal leg in the area of the hamstring tendon, and overall pain that affects her when sitting for long periods. Diagnoses include hamstring musculotendinitis strain, proximal hamstring tendinosis, and ischial bursitis. Treatments to date include ice, rest, and cortisone injections. A progress note from the treating provider dated 01/16/2015 indicates the pain can be reproduced on the left ischial tuberosity with related hip extension. Knee flexion with resistance is nonfocal. The IW has full range of motion and 5/5 strength in the left posterior and proximal leg. On 01/27/2015 Utilization Review non-certified a request for 1 Platelet Rich Plasma Injection under ultrasound guidance @ [REDACTED]. Non-MTUS Official Disability Guidelines (ODG); Pain (Chronic) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Platelet Rich Plasma Injection under ultrasound guidance @ [REDACTED]: 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); Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg chapter, Platelet Rich Plasma.

**Decision rationale:** The patient complains of left leg and hamstring pain. The patient is status post corticosteroid injection in the left proximal hamstring tendon from 06/26/2014. The physician is requesting ONE PLATELET RICH PLASMA INJECTION UNDER ULTRASOUND GUIDANCE AT [REDACTED]. The RFA from 01/21/2015 shows a request for platelet rich plasma injection left proximal hamstring under ultrasound guidance at [REDACTED]. The patient's date of injury is from 01/22/2014 and she is currently on modified duty. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Knee and Leg chapter on Platelet Rich Plasma states, under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma PRP injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. The records do not show any previous platelet rich injections to the hamstring. The 01/16/2015 report shows that the patient continues to struggle with overall pain and this is affecting her when she is sitting for prolonged periods. She has tried physical therapy and 2 cortisone injections with some benefit, but it is starting to wear off. The physician would like to try platelet rich plasma to stimulate tendon regeneration. In this case, there is currently no support for platelet rich plasma in any of the guidelines. The request IS NOT medically necessary.