

<b>Case Number:</b>	CM15-0039520		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Emergency Medicine

### 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 47 year old male with an industrial injury dated July 9, 2009. The injured worker diagnoses include chronic low back pain, lumbar degenerative disc disease, lumbar radicular pain status post transforaminal injection with improvement, myofascial pain syndrome of lumbar spine, and left knee pain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, platelet rich plasma injection, knee brace, orthopedic evaluation and periodic follow up visits. According to the progress note dated 1/23/2015, the injured worker reported chronic left knee pain. Left knee exam revealed medial and lateral joint line tenderness and mildly decreased range of motion. Treatment plan consist of prescribed medications, evaluation for acupuncture, platelet rich plasma (PRP) injection and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma injections x3 to the left knee under fluoroscopic guidance and moderate sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Platelet-rich plasma (PRP).

**Decision rationale:** The requested Platelet rich plasma injections x3 to the left knee under fluoroscopic guidance and moderate sedation, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Knee & Leg (Acute & Chronic), Platelet-rich plasma (PRP) note: "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 injured worker has chronic left knee pain. Left knee exam revealed medial and lateral joint line tenderness and mildly decreased range of motion. The treating physician has not documented the presence of patellar tendinopathy as the etiology of pain or the intended focus of treatment, nor objective evidence of derived functional improvement from previous such injections. The criteria noted above not having been met, Platelet rich plasma injections x3 to the left knee under fluoroscopic guidance and moderate sedation is not medically necessary.