

<b>Case Number:</b>	CM15-0042829		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 (IW) is a 63-year-old female who sustained an industrial injury on 01/14/2011. Diagnoses include arthralgia of the pelvic region and thigh. Treatment to date has included medications, injections, physical therapy and surgery. X-rays, an MRI, and an MRI arthrogram were performed. According to the progress notes dated 12/26/14, the IW reported the right groin pain was improved, but lateral and posterior right hip pain was not improved since the surgery. The requested service was part of the provider's treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma (PRP) right hip 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) Platelet rich plasma (PRP), Rheumatology (Oxford). 2012 Jan; 51(1): 144-50. 10.1093/rheumatology/ker303. Epub 2011 Nov 10, Phys Sports Med. 2014 May; 42(2):27-37. 10.3810/psm.2014.05.2055, Clin J Sport Med. 2014 Jan;24(1);31-43 10.1097/01.jsm.0000432855.85143.e5.

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

**Decision rationale:** The requested Platelet rich plasma (PRP) right hip injection, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Hip & Pelvis (Acute & Chronic), Platelet-rich plasma (PRP) note: "Under study. For OA of the hip, this preliminary non-controlled prospective study supported the safety, tolerability and efficacy of PRP injections for pain relief and improved function in a limited number of patients. Each joint received three IA injections of PRP, which were administered once a week. 40% of the patients were classified as excellent responders who showed an early pain reduction at 6-7 weeks, which was sustained at 6 months, and a parallel reduction of disability. (Sanchez, 2012) Little has been published regarding the use of platelet-rich plasma during total hip arthroplasty. This study concluded that the use of platelet-rich plasma does not appear to have a role in total hip arthroplasty." The injured worker has right groin pain was improved, but lateral and posterior right hip pain was not improved since the surgery. The treating physician has not provided positive evidence of evidence-based, peer-reviewed, nationally recognized medical literature in support of this treatment. The criteria noted above not having been met, Platelet rich plasma (PRP) right hip injection is not medically necessary.