

<b>Case Number:</b>	CM15-0050305		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 39 year old male who sustained an industrial injury on 09/17/2013. He reported bilateral knee pain. The injured worker was diagnosed as having left knee residual pain after arthroscopic surgery, right knee chondromalacia patella, right knee synovitis and effusion, and left knee grade 2 signal lateral meniscus. Treatment to date has included arthroscopic surgery on the left knee, and 24 sessions of physical therapy without significant benefit. Currently, the injured worker complains of severe bilateral knee pain with no change in condition. The plan of care includes continuation of home exercise bike to strengthen the muscles and as needed follow up, continuation of nonsteroidal anti-inflammatories, and a left knee injection of platelet rich plasma. A request for authorization was made for one left knee intra-articular platelet-rich plasma (PRP) injection under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One left knee intra-articular platelet-rich plasma (PRP) injection under ultrasound guidance:** 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 (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter states the following regarding platelet rich plasma injections Hip and Pelvis chapter, under Platelet rich plasma injections.

**Decision rationale:** The patient presents with severe bilateral knee pain and constant left knee pain. There is some intermittent swelling and the patient has trouble kneeling and squatting. The request is for one left knee intra-articular platelet-rich plasma (PRP) injection under ultrasound guidance. The RFA provided is dated 03/02/15 and the date of injury is 09/17/13. The patient has a diagnoses of left knee residual pain after arthroscopic surgery, right knee chondromalacia patella, right knee synovitis and effusion, and left knee grade 2 signal lateral meniscus. Per 02/17/15 treater report, physical examination to the left knee revealed tenderness to palpation with no joint effusion. There is a positive McMurray's test on the left side. MRI of the left knee performed on 08/19/14 revealed a grade II signal seen in the lateral meniscus. There are findings consistent with a tear in the posterior inferior margin of the medial meniscus. There is no cruciate tear present. The patient works with weight lifting restrictions. ODG guidelines, pain chapter states the following regarding platelet rich plasma injections: "Not recommended for chronic pain except in a research setting." ODG Guidelines, Hip and Pelvis chapter, under Platelet rich plasma injections states: "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. (Snchez, 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." Per 02/17/15 report, treater states, "The patient failed conservative treatment and injections at this point due to residual knee pain and chondromalacia, left knee intra-articular PRP injection under ultrasound guidance is recommended." While this patient does present with chronic pain, such therapies are still under investigation and are not yet supported by guidelines as appropriate standard medical interventions. Therefore, this request IS NOT medically necessary.