

<b>Case Number:</b>	CM15-0053843		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Internal 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, who sustained an industrial injury on 3/11/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed as having partial left knee anterior cruciate ligament tear, lumbosacral disc herniation, left shoulder impingement and tendonitis and lumbar radicular symptoms. There is no record of a recent diagnostic study of the knee. Treatment to date has included acupuncture, physical therapy and medication management. In a progress note dated 2/4/2015, the injured worker complains of low back pain that radiated to the left lower extremity and left shoulder and knee pain. The treating physician is requesting Norco and plasma injection for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plasma rich protein injection for the left knee:** 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 PRP.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ACOEM 3rd Edition Knee disorders <http://www.guideline.gov/content.aspx?id=36632> Work Loss Data Institute - Knee & leg (acute & chronic) 2013 <http://www.guideline.gov/content.aspx?id=47585>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cortisone injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques are not routinely indicated. ACOEM 3rd Edition does not recommend plasma rich platelet injections for knee disorders. Work Loss Data Institute guideline for the knee & leg (acute & chronic) indicates that platelet-rich plasma (PRP) is not recommended. The primary treating physician's progress report dated 2/25/15 documented that the patient has some pain in the left knee. Physical examination of the left knee demonstrated range of motion -5 degrees to 130 degrees. No tenderness or instability was noted. Diagnoses were left knee sprain and partial ACL anterior cruciate ligament. Platelet-rich plasma injections for the left knee were requested. Per ACOEM, invasive techniques are not routinely indicated. ACOEM 3rd Edition does not recommend plasma rich platelet injections. Work Loss Data Institute guideline indicates that platelet-rich plasma (PRP) is not recommended. Therefore, the request for platelet-rich plasma (PRP) for the knee is not supported by MTUS, ACOEM, and Work Loss Data Institute guidelines. Therefore, the request for platelet rich plasma (PRP) injection for the knee is not medically necessary.

**Norco 5/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic back pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The primary treating physician's progress report dated 2/25/15 documented a history of shoulder, knee, and low back complaints. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 5/325 mg is medically necessary.

