

Case Number:	CM15-0058718		
Date Assigned:	04/03/2015	Date of Injury:	01/21/2005
Decision Date:	05/26/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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: Family Practice

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 63 year old male, who sustained an industrial injury on 1/21/2005. The current diagnoses are post-traumatic osteoarthritis of the left knee, meniscal tear of the left knee, and status post arthroscopy. According to the progress report dated 2/12/2015, the injured worker complains of bilateral knee pain with radiation into his bilateral thighs associated with tingling. The pain is rated 6-8/10 on a subjective pain scale. Treatment to date has included medication management and surgical intervention. The plan of care includes platelet rich plasma injection to the left knee and series of 5 Supartz injections to the left knee. The request for Supartz injections was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection - Qty 1 to 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: Knee & Leg (Acute & Chronic) - PRP (platelet rich plasma).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

Decision rationale: According to the Official Disability Guideline's knee chapter, Platelet-rich plasma (PRP) is currently under study. In addition, the injured worker has been certified a series of Supartz injections to address the left knee complaints. It would be reasonable to await the results of the Supartz injections prior to considering alternative treatment options. The request for Platelet Rich Plasma Injection - Qty 1 to the Left Knee is not medically necessary and appropriate.