

Case Number:	CM15-0059891		
Date Assigned:	04/06/2015	Date of Injury:	12/27/2002
Decision Date:	05/08/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of December 27, 2002. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for knee platelet-rich plasma injections. A RFA form received on February 26, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated February 26, 2015, chiropractic therapy, Norco, Valium, Prilosec, Amitiza, and the platelet-rich plasma injections at issue were endorsed. In an associated progress note dated February 3, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was using Norco, Valium, Prilosec, and Amitiza, all of which were apparently refilled. 4/10 low back and knee pain complaints were noted. Ancillary complaints of left thumb and cervicothoracic pain were also reported. The applicant stood 5 feet 6 inches tall and weighed 240 pounds. The applicant did have comorbidities including anxiety, diabetes, hypertension, and hypothyroidism, it was acknowledged. The applicant was status post bilateral total knee arthroplasties, it was acknowledged. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial collateral ligament platelet rich plasma injections, 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-TWC), Online Edition, Chapter: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Platelet-rich plasma (PRP) and Other Medical Treatment Guidelines ACOEM V.3 > Knee > Specific Diagnoses > Patellar Tendinosis, Patellar Tendinopathy Platelet Rich Plasma Injections Platelet rich plasma, as well as autologous blood injections, have been used to treat several tendinopathies including lateral epicondylitis,(2198, 2199) Achilles; ½ tendinopathy,(2200, 2201) and patellar tendinopathy.(2202, 2203) An RCT found superior healing after open subacromial decompression from application of a platelet-leukocyte gel(2204) (see Shoulder Disorders chapter), thus, these injections may be effective for patellar tendinopathy. Recommendation: Platelet Rich Plasma or Autologous Blood Injections for Patellar Tendinopathy There is no recommendation for or against the use of injections with platelet rich plasma or autologous blood for treatment of patellar tendinopathy. Strength of Evidence No Recommendation, Insufficient Evidence (I) Rationale for Recommendation There are no quality trials evaluating the use of platelet rich plasma to treat tendinopathy. Thus, thus there is no recommendation for or against their use for patellar tendinopathy.

Decision rationale: No, the request for bilateral knee platelet-rich plasma injections was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted in ODGs Knee Chapter Platelet-rich Plasma Injections topic, platelet-rich plasma injections are deemed "understudy." The Third Edition ACOEM Guidelines likewise note that there is "no recommendation" for or against usage of platelet-rich plasma injections in applicants with patellar tendinopathy. Here, however, the applicant apparently has issues with knee pain status post total knee arthroplasties. It was not stated how and/or for what purpose platelet-rich plasma injections were sought. Little-to-no applicant-specific rationale was furnished so as to augment the tepid ACOEM and ODG positions on the article at issue. Therefore, the request was not medically necessary.