MAXIMUS Federal Services

Case Number:	CM15-0086865		
Date Assigned:	05/11/2015	Date of Injury:	12/26/2008
Decision Date:	06/16/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/06/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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(n) 64-year-old female, who sustained an industrial injury on 12/26/08. She reported pain in the right knee related to a heavy object falling over. The injured worker was diagnosed as having right knee osteoarthritis and right knee degenerative joint disease. Treatment to date has included Orthovisc injections x 5 with good response, physical therapy, NSAIDs and home exercise programs. As of the PR2 dated 2/23/15, the injured worker reports knee pain that has no changed since her last visit five months ago. She wants to try to avoid surgery in the future and has tried arthroscopic surgery with no benefit. Objective findings include limited range of motion and pain and swelling to the right knee. The treating physician requested an injection of platelet rich plasma x 1 to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection platelet rich plasma times one, for the right 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), www.odg-twc.com, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Platlet Rich Plasma (PRP).

Decision rationale: The MTUS is silent on Platelet Rich Plasma (PRP) injections, but according to the ODG "Under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. (Filardo, 2009) Platelets are known to release various growth factors that are associated with tissue regeneration/healing and angiogenesis, as well as a variety of chemicals (adenosine, serotonin, histamine, and calcium) that may be important in inhibiting inflammation and promoting angiogenesis. The exact mechanism of action in the context of PRP is still being investigated". PRP is still a developing treatment and is only recommended for "refractory patellar tendinopathy". The treating physician has not documented refractory patellar tendinopathy. The treating physician states that the PRP is repair her injuries. However, Guidelines do not support PRP for this use. As such, the request for Injection platelet rich plasma one, for the right knee is not medically necessary.