

<b>Case Number:</b>	CM15-0088242		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Arizona, Texas  
 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 61 year old male who sustained an industrial injury on 03/11/2013. Current diagnoses include right knee complex tear of the medial meniscus, right knee post-traumatic osteoarthritis in the medial compartment, and slight antalgic gait pattern. Previous treatments included medication management, physical therapy, Synvisc injections, blood platelet enrichment therapy in 11/2014, and home exercises. Initial injuries included a right knee pain after striking the inside of his knee on a metal rail. Report dated 03/10/2015 noted that the injured worker presented with complaints that included persistent right knee pain and grinding. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for slow gait, right knee decreased range of motion with positive patellofemoral sign, audible crepitus, and tenderness over the medial joint surface. The treatment plan included request for authorization for platelet rich plasma (PRP) injection right knee and Supartz injection x5 right knee, and obtain AME/QME report from 12/2014. The physician noted that the request for the platelet rich plasma (PRP) injection has shown to regenerate cartilage that has improved functionality and decreased pain, and the Supartz injection is an attempt to prevent the worsening of the osteoarthritis, to increase functionality, and decrease pain. Disputed treatments include platelet rich plasma (PRP) injection into the right knee and Supartz injection into the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP Injection into the Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS is silent regarding the use of platelet rich plasma injections for the knee. According to the ODG PRP injections are considered to be under study and therefore are not recommended for the knee at this time. In this case the documentation shows the patient has had previous PRP injections to the right knee for treatment of chronic knee pain due to OA. The injection relieved the patient's pain for two months. The documentation doesn't support that the patient had meaningful improvement in function after this injection. Given that these types of injections are considered to be investigational and the patient did not have objective improvement in function following the first treatment, repeat use of PRP injections is not medically necessary.

**Supartz Injections to the Right Knee x 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the ODG criteria for hyaluronic acid injections are as follows. Patients experiencing significant symptomatic osteoarthritis but have not responded adequately to conservative treatment after at least 3 months. Documented symptomatic severe arthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and over the age of 50. Generally performed without fluoroscopic or ultrasound guidance. In this case the patient has had a series of three HA injections previously. The documentation noted that the patient did not benefit from this treatment. Given the lack of improvement after the initial series of 3 HA injections the medical necessity for another series of 5 injections is not made.