

Case Number:	CM14-0135606		
Date Assigned:	08/29/2014	Date of Injury:	09/20/2013
Decision Date:	10/20/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old male with an injury date of 09/20/13. Based on the 06/23/14 progress report provided by [REDACTED], the patient complains of left knee pain rated 6/10 without medications. Physical examination to the left knee reveals tenderness to palpation noted on medial and lateral lines and decreased range of motion with flexion 110 degrees and extension 5 degrees. Patient has had 12 post-op physical therapy sessions which helped decrease the pain. Patient takes Norco, which brings pain down to 1/10. Patient is temporarily totally disabled. Diagnosis 06/23/14 left knee posterior horn medial meniscus tear left knee early medial compartment osteoarthritis status post left knee arthroscopy on March 2014. [REDACTED] is requesting Plasma-Rich Platelet injection to the left knee. The utilization review determination being challenged is dated 08/07/14. The rationale is "insufficient evidence supporting benefit of platelet rich plasma injection in the treatment of osteoarthritis." [REDACTED] is the requesting provider, and he provided treatment reports from 02/20/14 - 06/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plasma-Rich Platelet Injection to the Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Pain chapter online

Decision rationale: Patient presents with left knee pain. The request is for Plasma-Rich Platelet injection to the left knee. He is status post left knee arthroscopy on March 2014. Diagnosis dated 06/23/14 includes left knee posterior horn medial tear and left knee early medial compartment osteoarthritis. MTUS is silent regarding request, however ODG-TWC states under knee chapter: "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." ODG appears to support PRP injections for early OA of the knee stating: "A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients." "Platelet-rich plasma injections can benefit patients with cartilage degeneration and early osteoarthritis (OA) of the knee, according to this RCT. In patients with minimal OA, platelet-rich plasma (PRP) works better than hyaluronic acid." In this case, the patient presents with some arthritis of the knee and there may be some early support for PRP injection to treat this condition. Therefore, this request is medically necessary.