

Case Number:	CM14-0168094		
Date Assigned:	10/15/2014	Date of Injury:	06/03/2013
Decision Date:	11/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 59 year old male with date of injury 6/3/2013. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral knee pain since the date of injury. He has been treated with arthroscopic surgery bilaterally (left knee 1999, right knee 1997, both medial meniscectomy procedures), physical therapy and medications. There are no radiographic data provided for review. Objective: bilateral knees: mild effusion, tenderness at medial joint line, varus deformity. Diagnoses: knee pain, bilateral; osteoarthritis, bilateral knees. Treatment plan and request: platelet rich plasma injection with ultrasound x one, bilateral knees; medial unloader braces x 2, bilateral knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma injections with ultrasound guidance x1 in each 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 Chapter; regarding Platelet-rich plasma (PRP)

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

Decision rationale: This 59 year old male has complained of bilateral knee pain since date of injury 6/3/2013. He has been treated with arthroscopic surgery bilaterally (left knee 1999, right knee 1997, both medial meniscectomy procedures), physical therapy and medications. The current request is for platelet rich plasma injection with ultrasound x one, bilateral knees. Per the ODG guidelines cited above, platelet rich plasma injections of the knee appear promising for the treatment of knee pain but the procedure remains under study (investigational) and is therefore currently not recommended. On the basis of the ODG guidelines, platelet rich plasma injection with ultrasound x one, bilateral knees is not indicated as medically necessary in this patient.

Medial Unloader Braces x2 , Bilateral Knees: 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 Chapter, regarding Unloader braces for the knee

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 340.

Decision rationale: This 59 year old male has complained of bilateral knee pain since date of injury 6/3/2013. He has been treated with arthroscopic surgery bilaterally (left knee 1999, right knee 1997, both medial meniscectomy procedures), physical therapy and medications. The current request is for medial unloader braces, bilateral knees. Per the MTUS guidelines cited above, knee braces are not necessary for most patients. They may be used for patellar instability, anterior cruciate ligament tears or medial collateral ligament instability but have not been proven to be beneficial. On the basis of these guidelines, medial unloader braces are not indicated as medically necessary.