

Case Number:	CM14-0170435		
Date Assigned:	10/20/2014	Date of Injury:	11/25/1988
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 54 year old with an injury date on 11/25/88. Patient complains of constant bilateral knee pain, and bilateral leg pain, left > right per 9/11/14 report. Based on the 9/11/14 progress report provided by [REDACTED] the diagnosis is CRPS, and 6/5/14 report gives diagnosis of knee arthritis/tendinitis. Exam on 9/11/14 showed "swollen, left > right leg." Exam on 3/6/14 showed improved range of motion but measurements not given. Patient's treatment history includes a PRP (hemocyte autograft) on 1/15/14 that gave 50% reduction in pain and improvement in range of motion per 6/5/14 report. [REDACTED] is requesting a plasma platelet injection for the left knee. The utilization review determination being challenged is dated 9/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/6/14 to 9/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

A plasma platelet injection for the left 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 Treatment Index 11th edition (web), 2013, Knee and Leg / 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) Pain chapter online for: Platelet-rich plasma (PRP)

Decision rationale: This patient presents with bilateral knee and left leg pain. The treating physician has asked for a plasma platelet injection for the left knee on 9/11/14. Review of the reports shows a PRP was done on 1/15/14 with 50% improvement in pain and function. Regarding platelet-rich plasma injections, ODG guidelines state that it's under study and that there is some support for chronic, refractory tendinopathy and early osteoarthritis. ODG does not provide recommendations regarding repeat injections. It states "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." In this case, the patient just had an injection 3 months ago and it would appear premature to repeat the PRP injection. Furthermore, ODG provides some support for treating very early arthritis in those younger than 50 but not for older individuals. Recommendation is that the request is not medically necessary.