

<b>Case Number:</b>	CM14-0194859		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 and is licensed to practice in Connecticut. 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 injured worker is a 53-year-old male who reported an injury on 03/23/2013. The mechanism of injury was reportedly when he was squatting on an electrical pole box and had a twisting injury when he stood up. His diagnoses include osteoarthritis of the lower leg and pain in the lower leg joint. Past treatments were noted to include medications, physical therapy, surgery, and activity modification. The physical therapy notes indicated that he had completed the active treatment program with full return in ADL status as well as his range of motion and motor strength being within normal limits. On 10/13/2014, it was noted the injured worker had pain to his left knee which he rated 6/10. He reported that "he is improving due to doing his home exercises at home." Upon physical examination, it was noted the injured worker had medial tenderness to the left knee. The injured worker's current medications were not provided. The treatment plan was noted to include 12 sessions of physical therapy, 5 series of hyalgan injections, platelet rich plasma, a urine drug screen, and medications. A request was issued for PRP (platelet rich plasma) x1 for the right knee to allow the tissues to heal. The request for authorization was signed on 10/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP (platelet rich plasma) x1 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) for Knee and Leg 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, Platelet-rich plasma (PRP)

**Decision rationale:** The request for PRP (platelet rich plasma) x1 for the right knee is not medically necessary. The California MTUS/ACOEM Guidelines do not address platelet rich plasma, therefore, the Official Disability Guidelines were used to determine its medical necessity. The Official Disability Guidelines state that the use of platelet rich plasma (PRP) is under study. The guidelines also state that PRP injections have the potential to promote the achievement of clinically beneficial outcomes after the failure of previous conservative treatments. The clinical documentation noted that this patient participated in physical therapy and had full range of motion and motor strength. As there is an absence of documentation noting the failure of previous conservative treatments, the request is not supported by the evidence based guidelines. As such, the request for PRP (platelet rich plasma) x1 for the right knee is not medically necessary.