MAXIMUS Federal Services

Case Number:	CM14-0212479		
Date Assigned:	01/02/2015	Date of Injury:	01/03/2011
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 patient is a 61 year old male with a work injury dated 1/3/11. The diagnoses include bilateral knee pain. The patient is status post multiple prior knee arthroscopic surgeries (four on the left knee and two on the right knee). Under consideration is a request for injection platelet-rich-plasma; unspecified quantity, for the bilateral knees.There is an 11/11/14 progress note that states that the patient has bilateral knee pain and is on disability. He has a long history of knee pain without specific diagnoses. One doctor treated him for rheumatoid arthritis but he was not given medications due to liver and intestinal issues. He has issues with heart disease, pancreatitis, and anxiety. He takes Dilaudid, Vicodin and Norco. Pain is severely limiting. He does not exercise. On exam his gait is very very antalgic. On exam of both knees there is diffuse knee swelling and trace effusion. He has diffuse pain with palpation. His arthroscopic portals are healed. His range of motion is 5 to 120 degrees. There is no ligament laxity. The patella tracks centrally. The bilateral knee x-rays reveal mild diffuse degenerative changes present. The assessment states that the etiology of pain is elusive, his x-rays are benign, and his exam seems to be exaggerated pain given the physical findings. Total knee replacements are a possibility but likely will not relieve his pain. The documenting physician recommends aggressive form of treatment from his rheumatologist, pain medicine, heat, modalities, activity modification and rest. Per documentation the patient saw an orthopedic physician on 11/18/14 who documented exam findings of a small nodule with associatedtenderness at the tibial tubercle. Treatment plan was for platelet-rich plasma (PRP) injection to both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection platelet-rich-plasma; unspecified quantity, for the 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 & Leg, Platelet-rich plasma

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee and Leg Platelet-rich plasma (PRP)

Decision rationale: Injection platelet-rich-plasma; unspecified quantity, for the bilateral knees is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that Platelet-rich plasma (PRP) are under study. A 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. The documentation does not reveal a diagnoses of patellar tendinopathy. At this time the ODG states that these injections are under study. There are no extenuating circumstances that would necessitate going against guideline recommendations therefore the request for Injection platelet-rich-plasma; unspecified quantity, for the bilateral knees is not medically necessary.