

<b>Case Number:</b>	CM14-0212658		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker (IW) is a 36-year-old man with a date of injury of November 7, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are right knee internal derangement; status post arthroscopic medial meniscectomy January 2014; and post-operative right knee osteochondral defect in synovial plica syndrome. There are several handwritten, largely illegible progress notes in the medical record. The most recent being September 12, 2014. According to this note, the IW complains of moderate constant pain. History of giving way. Objective physical findings reveal positive tenderness to the medial patellofemoral (illegible). Stable, no effusions. The treatment plan indicated deposition on October 30, and scope recommended. There is no other information provided in the documentation. The documentation in the medical record does not contain a clinical indication or rationale for the platelet rich plasma. The current request is for right knee intra-articular platelet rich plasma injection for treatment of residual knee internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee intra-articular platelet-rich plasma injection for treatment of residual knee internal derangement:** 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)

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

**Decision rationale:** Pursuant to the Official Disability Guidelines (ODG), right knee intra-articular platelet rich plasma injection for treatment of residual knee internal derangement is not medically necessary. Platelet rich plasma is understudy. The small study found a statistically significant improvement at the end of multiple platelet rich plasma injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The exact mechanism of action is still being investigated. In this case, the injured worker's working diagnoses are right knee internal derangement; status post arthroscopic medial meniscectomy January 2014; and post-operative right knee osteochondral defect in synovial plica syndrome. The documentation in the medical record does not contain a clinical indication or rationale for the platelet rich plasma. The documentation contains an August 27, 2014 and September 12, 2014 progress note. The documentation is handwritten and does not contain an entry regarding platelet rich plasma. Additionally, the documentation in the recommendation section is illegible. Consequently, absent clinical documentation to support the need for platelet rich plasma and the guidelines indicating platelet plasma is under study, this request is not medically necessary.