Case Number:	CM14-0217055		
Date Assigned:	01/06/2015	**Date of Injury:**	04/21/2010
Decision Date:	03/04/2015	**UR Denial Date:**	12/01/2014
Priority:	Standard	**Application Received:**	12/29/2014

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: Texas, California
Certification(s)/Specialty: Family Practice

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 52 year old female who sustained a work related injury to her right knee and right ankle on April 21, 2010. She sustained the injury while descending a machine she jumped approximately 3 feet onto the ground and her right knee buckled. The diagnoses include right knee meniscal tear, status post right knee surgeries, right knee post traumatic osteoarthritis and chronic compensatory left knee strain. According to the treating physician's progress report on November 3, 2014, she had complaints of bilateral knee pain, right ankle pain, stress, depression and sleeping difficulties. Physical examination revealedthat the patient ambulated with a limp with the use of a cane, bilateral knee effusions with medial joint line tenderness, positive patellofemoral grind test, bilateral knee range of motion- flexion 130 and extension 0 degree; 5/5 strength in flexion and extension. The medications list includes norco, ultram and kera tek gel .Bilateral cortisone injections were administered at that office visit. The injured worker is Permanent & Stationary (P&S) and is not working. She underwent a right knee arthroscopic partial medial meniscectomy and osteochondral shave in October 2010 and a second arthroscopic procedure to the right knee in 2013. She has had a magnetic resonance imaging (MRI) of the right knee on May 20, 2014 which revealed tricompartmental osteoarthritic changes, osteophyte formation, mid bone marrow edema, Baker's cyst, and maceration of the mid to posterior horn of the medial meniscus; weight bearing X-rays of the right knee on November 3, 2014 documented 1 mm medial joint space with medial and lateral osteophytes; left knee noted 3 mm joint space medially with medial joint bone spurs. She has had physical therapy visits, cortisone injections without benefit, knee brace and pain medication for this injury.The physician requested

authorization for left knee platelet rich plasma (PRP) injection.On December 1, 2014 the Utilization Review denied certification for left knee platelet rich plasma (PRP) injection based on current studies being inconsistent.Citations used in the decision process were the Official Disability Guidelines (ODG), Knee Chapter, Platelet-rich plasma (PRP) since the Medical Treatment Utilization Schedule (MTUS) is silent regarding Platelet-rich plasma (PRP) to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee platelet rich plasma (PRP) injection: 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), Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Knee & Leg (updated 02/05/15) Platelet-rich plasma (PRP)

Decision rationale: Request: Left knee platelet rich plasma (PRP) injectionPer the cited guidelines, regarding platelet rich plasma injection 'Under study. This 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.' There is a need for further basic-science investigation, as well as randomized, controlled trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendinous injuries. Further clarification of indications and time frame is also needed... PRP looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded 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. (AAOS, 2010) PRP appears to improve the healing of patellar tendon graft sites after anterior cruciate ligament (ACL) reconstruction, but the intervention didn't have any clinical impact. The authors concluded that PRP is a promising therapy for sports injuries, but more studies are needed to clarify the specific indications. (de Almeida, 2012) So far, however, no medical studies support using PRP for prevention in sports medicine. (Kon, 2012) After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. (Cohen, 2012)Per the records provided patient had bilateral knee pain. There is still no sufficient high grade scientific evidence to support plateral rich plasma injection for this diagnosis. Failure of conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided.The medical necessity of Left knee platelet rich plasma (PRP) injection is not fully established for this patient at this juncture.