

Case Number:	CM14-0218343		
Date Assigned:	01/08/2015	Date of Injury:	07/31/2012
Decision Date:	03/04/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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: Arizona, 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:

This 44 year old female reportedly sustained a work related injury of undisclosed origin on July 31, 2012. Diagnoses include right knee arthroscopy, lumbar musculoligamentous sprain/strain, lumbar disc protrusion and osteoarthritis. Orthopaedic re-evaluation dated November 24, 2014 provides the injured worker had a Platelet Rich Plasma (PRP) of the left knee with good results. She has had right knee pain for the last several months. Physical exam reveals no acute, distress full range of motion (ROM) of the lumbar spine, hips and knees with tenderness and crepitus of the right knee. Plan is for Platelet Rich Plasma (PRP) of the right knee. On December 5, 2014 utilization review denied a request received December 3, 2014 for platelet rich plasma (PRP) injection for the right knee under ultrasound guidance. Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated December 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRP injection for the right knee under ultrasound guidance: 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 & Leg (Acute & Chronic), Platelet-rich plasma

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PRP injections and knee pain

Decision rationale: According to the guidelines, 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. The use of PRP is still under study. In this case, the claimant had already received prior viscosupplementation and arthroscopy. There is no indication that PRP is superior to prior therapies. The request for PRP for the knee is not medically necessary.