

Case Number:	CM14-0032074		
Date Assigned:	06/20/2014	Date of Injury:	02/17/2004
Decision Date:	01/16/2015	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for painful arthritis of the knee reportedly associated with an industrial injury of February 17, 2004. In a Utilization Review Report dated February 27, 2014, the claims administrator denied a request for platelet-rich plasma injections about the knee. The note was very sparse, approximately five sentences long, and did not incorporate any guidelines into the rationale. The claims administrator stated that its decision was based on a February 10, 2014 progress note. In a letter dated February 10, 2014, the applicant reported ongoing complaints of right knee pain. The applicant had significant right knee degenerative joint disease. The attending provider stated that a platelet-rich plasma injection could improve the applicant's knee DJD. The applicant also had issues with left knee arthritis and persistent right foot pain, it was noted. The applicant also had superimposed tarsal tunnel syndrome, it was stated. Authorization was sought for a right knee platelet-rich plasma injection as well as subsequent right ankle platelet-rich plasma injections and left knee intraarticular platelet-rich plasma treatments. The applicant's work status was not clearly stated, although the attending provider suggested that the applicant was not working. In a progress note dated December 30, 2013, the attending provider stated that he was seeking authorization to care for the applicant's left shoulder as a compensable consequence of the applicant's primary right shoulder pain complaints. The applicant also reported persistent complaints of knee and foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Platelet-Rich Plasma Injections section. Clinical Journal of Sports Medicine, 2013, Clinical and MRI Outcomes after Platelet-Rich Plasma Treatment for Knee Osteoarthritis, Halpern et al. ACOEM Practice Guidelines, Third Edition, Knee Chapter, Summary of Recommendations for Knee Osteoarthritis.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that there is "no recommendation" for or against usage of platelet-rich plasma injections for the treatment of patellar tendinopathy. In this case, however, the applicant's primary pain generator is, however, knee osteoarthritis, the requesting provider has suggested. A pilot study appearing in Clinical Journal of Sports Medicine in 2013 noted that platelet-rich plasma injections seemed to result in no change by MRI per knee compartment in at least 73% of cases at one year. The Clinical Journal of Sports Medicine, thus, took the position that further studies were required to fully comprehend the long-term clinical significance of MRI changes seen after platelet-rich plasma therapy for focal early knee osteoarthritis. Thus, the Clinical Journal of Sports Medicine's position on platelet-rich plasma injection therapy for knee osteoarthritis is, at best, tepid to unfavorable. Finally, the platelet-rich plasma injections do not appear in the Third Edition ACOEM Guidelines Knee Chapter Summary of Recommendations Table for Knee Osteoarthritis as a "recommended" treatment, suggesting that platelet-rich plasma injections do not have a widely accepted role in the treatment of knee osteoarthritis, the operating diagnosis here. Therefore, the request is not medically necessary.