

Case Number:	CM15-0012749		
Date Assigned:	01/30/2015	Date of Injury:	09/18/2013
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 24 year old female with an industrial injury dated September 18, 2013. The injured worker diagnoses include knee/leg sprain and patellofemoral syndrome of left knee. She has been treated with diagnostic studies, radiographic imaging, prescribed medication, heat/ice therapy, physical therapy, and periodic follow up visits. On December 10, 2014 the injured worker underwent a left knee arthroscopy. According to the progress note dated 1/20/15, the treating physician noted that the injured worker complained of sharp, burning pain with numbness in the left knee. The injured worker reported that physical therapy is not improving range of motion and she uses pain medication for pain relief. Objective findings revealed tenderness to palpitation of the lateral retinaculum and patellar ligament. There was no palpable effusion and the range of motion was slowed by pain. The treating physician prescribed services for platelet rich plasma Injection for the left knee. Utilization Review determination on January 9, 2015 denied the request for platelet rich plasma Injection for the left knee, citing Official Disability Guidelines.

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 Chronic Pain Treatment Guidelines ODG, Pain, Platelet-rich Plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter, PRP Medicare, National Coverage Determination

Decision rationale: Regarding the request for platelet rich plasma injections, California MTUS does not address the issue. ODG cites that PRP is "under study," as 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. A review of consensus guidelines including ACOEM or Medicare Coverage Determination fails to provide support for these injections. Although safe, they are not considered standard of care. Given this, the request for PRP injection is not medically necessary.