

Case Number:	CM15-0015437		
Date Assigned:	02/03/2015	Date of Injury:	09/18/2013
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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, who sustained an industrial injury on 09/18/2013. She has reported pain in the left knee. The diagnoses have included left knee pain and left patellofemoral syndrome. Treatment to date has included medications, acupuncture, physical therapy, and home exercise program. Medications have included Ketoprofen, Ultram, Flexeril, and Voltaren. Currently, the injured worker complains of continued left knee pain, and left knee swelling and stiffness. A progress report from the treating physician, dated 05/06/2014, documented the injured worker to have a swollen left knee with medial tenderness; and left knee limited range of motion. Request is being made for Platelet rich plasma injection to the left knee. On 01/09/2015 Utilization Review noncertified a prescription for Platelet rich plasma injection left knee. The CA MTUS and the ODG were cited. On 01/21/2015, the injured worker submitted an application for IMR for review of a prescription for Platelet rich plasma injection left knee.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg; Platelet-rich plasma (PRP)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Knee, Platelet Rich Plasma

Decision rationale: The patient is a 29 year old female with a date of injury of 09/18/2013. She has left knee pain and patellofemoral syndrome. She has left knee swelling and decreased range of motion. The ODG notes that platelet rich plasma injections to the knee are not a recommended treatment. This treatment remains "under study." ODG goes on to state that further basic science investigation as well as randomized clinical trials are required to evaluate this form of treatment. It is not medically necessary for this patient.