

Case Number:	CM15-0111567		
Date Assigned:	06/18/2015	Date of Injury:	04/21/1980
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency Medicine

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 59-year-old male, who sustained an industrial injury on 4/21/80. He reported pain in his knees. The injured worker was diagnosed as having osteoarthritis not otherwise specified, knee tendonitis/bursitis and medial meniscal tear. Treatment to date has included a left knee arthroscopy in 8/2014, viscosupplementation injections and bilateral knee x-rays showing joint space narrowing in the patellofemoral compartment. As of the PR2 dated 5/14/15, the injured worker reports pain in both knees, left is worse than right. He indicated he received two weeks of relief following the viscosupplementation to the left knee. Objective findings include patellofemoral crepitus in the left knee, right knee range of motion is 0-130 degrees and tenderness in both knees at the medial and lateral patellar facets. The treating physician requested a bilateral knee platelet rich plasma injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee platelet rich plasma 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, Knee & Leg, Platelet-rich plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Acute & Chronic, Platelet-rich plasma (PRP).

Decision rationale: The requested Bilateral knee platelet rich plasma injection is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee, Acute & Chronic, Platelet-rich plasma (PRP) note: "Recommended for limited, highly specific indications. ODG Criteria for Platelet-rich plasma (PRP) intra-articular injection: (1) Significantly symptomatic osteoarthritis: (a) Not responded adequately to recommended conservative non-pharmacologic (e. g. , exercise) and pharmacologic treatments or are intolerant of these therapies (e. g. , gastrointestinal problems related to anti-inflammatory medications), after at least 6 months. (b) Documented symptomatic mild-moderate (not advanced) osteoarthritis of the knee. (c) Under 50 years of age. (d) Pain interferes with functional activities (e. g. , ambulation, prolonged standing) and not attributed to other forms of joint disease. (e) Failure to adequately respond to aspiration and injection of intra-articular steroids. (f) Generally performed without fluoroscopic or ultrasound guidance. (g) Single injection highly concentrated WBC-poor (filtered). (h) Maximum once yearly if previous injection documented significant relief for over 6 months; OR(2) Refractory patella tendinosis: (a) Not responded adequately to recommended conservative non-pharmacologic (e. g. , exercise) and pharmacologic treatments or are intolerant of these therapies (e. g. , gastrointestinal problems related to anti-inflammatory medications), after at least 12 months. (b) Single injection, not multiple. "The injured worker has osteoarthritis not otherwise specified, knee tendonitis/bursitis and medial meniscal tear. Treatment to date has included a left knee arthroscopy in 8/2014, viscosupplementation injections and bilateral knee x-rays showing joint space narrowing in the patellofemoral compartment. As of the PR2 dated 5/14/15, the injured worker reports pain in both knees, left is worse than right. He indicated he received two weeks of relief following the viscosupplementation to the left knee. Objective findings include patellofemoral crepitus in the left knee, right knee range of motion is 0-130 degrees and tenderness in both knees at the medial and lateral patellar facets. The treating physician has not adequately addressed some of the afore-mentioned criteria including under 50 years of age and trials of intra-articular steroid injections. The criteria noted above not having been met, bilateral knee platelet rich plasma injection is not medically necessary.