

<b>Case Number:</b>	CM15-0112116		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Massachusetts

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 64 year old female, who sustained an industrial injury on 3/20/11. The diagnoses have included bilateral knee pain, history of left knee arthroscopy times two, bilateral knee osteoarthritis exacerbation, and left knee patellar tendinosis. She has a history of coronary artery disease, multiple stents, obesity, heart attack, diabetes and hypertension. Treatment to date has included medications, activity modifications, diagnostics, ice, knee surgery, physical therapy, cortisone injections and home exercise program (HEP). Currently, as per the physician progress note dated 5/22/15, the injured worker complains of bilateral knee pain. She previously had hyaluronic acid injections which gave her pain relief for about 3 months. She underwent a second left knee surgery for torn meniscus despite her arthritis in 2014 and received 3 hyaluronic acid injections after surgery with short term relief of pain. The knee exam reveals bilateral flexion is 120 degrees and bilateral extension is 10 degrees. There is bilateral trace effusion noted. There is tenderness to palpation of the medial joint line and lateral joint line bilateral knees. There is mild crepitus in the bilateral knees, positive McMurray sign bilaterally and positive patella tilt test bilaterally. The physician noted that X-rays were obtained of the bilateral knees dated 4/21/15 and reveal moderate to severe medial joint space narrowing bilaterally with osteophytic changes in the lateral and patellofemoral compartment. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee dated 9/23/14 reveals increasing patellar tendinopathy, tricompartmental osteoarthritis which is increased from previous exam, focal inflammation and truncation of both the medial and lateral meniscus which may be post-surgical however, there is increasing irregularity of the posterior horn of the lateral

meniscus, suggesting degenerative tearing. Magnetic Resonance Imaging (MRI) of the right knee dated 9/23/14 reveals a small joint effusion, small meniscal tears and moderate tricompartmental chondromalacia/osteoarthritic changes. There was no previous physical therapy sessions noted in the records. The physician requested treatment included Regenexx platelet rich plasma (PRP) to the bilateral knees with ultrasound guidance due to her risk of death with surgery and continued pain and denial of more conservative treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Regenexx platelet rich plasma (PRP) to the bilateral knees with 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 (PRP).

**MAXIMUS guideline:** The Expert Reviewer 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 (PRP).

**Decision rationale:** The claimant sustained a work-related injury in March 2011 and continues to be treated for bilateral knee pain. Treatments have included surgery and conservative treatments have been extensive. When seen, there was joint line tenderness with positive McMurray and patella tilt testing and crepitus. X-rays were obtained showing moderate to severe osteoarthritis. Platelet-rich plasma (PRP) injections are still under study. A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients. In this case, the requested injection is still considered experimental / investigational for the treatment of the member's condition. She is over age 50 and has advanced osteoarthritis. The request was not medically necessary.