

Case Number:	CM15-0112174		
Date Assigned:	06/18/2015	Date of Injury:	04/27/2001
Decision Date:	07/17/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old female, who sustained an industrial injury on 04/27/2001. She has reported subsequent back pain and was diagnosed with post laminectomy syndrome of the lumbar spine, lumbar and thoracic radiculopathy, lumbar spondylosis and lumbago. Treatment to date has included medication, prolotherapy, spinal cord stimulator and surgery. In a progress note dated 04/21/2015, the injured worker complained of left knee pain. Objective findings were notable for pain with palpation of the left knee and a positive anterior drawer sign. The physician noted that a prolotherapy injection the injured worker received in the past had provided 75% pain relief for 3 months but that it would be even better for the injured worker to have a platelet rich plasma injection of the left knee. A request for authorization of left knee injection with platelet rich plasma was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Injection with platelet rich plasma: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, 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 (ODG) Knee section, Platelet rich plasma.

Decision rationale: Pursuant to the Official Disability Guidelines, left knee injection with platelet rich plasma is not medically necessary. The guidelines state platelet rich plasma PRP is under study. The small study found a statistically significant improvement in all scores at the end of multiple platelet rich plasma injections in patients with chronic refractory patellar tendinopathy and a further improvement at six months, after physical therapy was added. In this case, the injured workers working diagnoses are knee/leg joint; disorder muscle/ligament/fascia. According to an April 21, 2015 progress note, the injured worker has ongoing left knee pain. The injured worker received prolotherapy with 75% improvement for three months. The treating provider recommended platelet rich plasma, which should provide better results. Platelet rich plasma for the knee is understudy and not recommended. Consequently, absent guideline recommendations for platelet rich plasma injection to the knee, left knee injection with platelet rich plasma is not medically necessary.