

Case Number:	CM15-0113826		
Date Assigned:	06/24/2015	Date of Injury:	07/09/1992
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 50 year old female who sustained an industrial injury on 7/9/92. Diagnosis is bilateral knee, right greater than left developing osteoarthritis. A progress report dated 4/23/15 notes complaints of bilateral knee pain. The right knee is more painful than the left. Pain is located in the posterior aspect of the knee and radiates to the calf. Right knee exam notes moderate crepitus, tenderness to palpation over the medial aspect, and range of motion is 0-140. The left knee exam notes mild crepitus, no tenderness and range of motion is 0-140. Previous treatment includes a series of platelet rich plasma and Orthovisc injections in September 2014 and she reported 50% improvement, but still has some pain and swelling after exercise, home therapy program, daily swimming, and acupuncture. The treatment requested is platelet-rich plasma injection to the right knee 1 time weekly for 3 weeks and Orthovisc injection -fluoroscopic guided 1 time weekly for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection Right Knee, 1 time wkly for 3 wks: 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 (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 ODG, PRP.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states PRP for the knee is still under study. Small studies have shown benefit but no large scale studies have been done to show lasting effect. Based on the lack of clinical evidence of benefit of this procedure and the fact that previous injection did not provided objective functional improvement or lasting effects, the request is not medically necessary.

Orthovisc Injection Fluoroscopic Guided, 1 time wkly for 3 wks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hyaluronic acid injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states hyaluronic acid injection are only indicated in moderate to severe osteoarthritis of the knee with failure of aggressive conservative therapy. Review of the provided documentation does not show the patient to have moderate to severe osteoarthritis of the knee and therefore the request is not medically necessary.