

Case Number:	CM15-0114188		
Date Assigned:	06/22/2015	Date of Injury:	01/30/2014
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37 year old male with a January 30, 2014 date of injury. A progress note dated May 20, 2015 documents subjective complaints (painful right knee is not any better; pain rated at a level of 3/10 with medications and 8-9/10 without medications), objective findings (pain tenderness and swelling; decreased range of motion of the right knee), and current diagnoses (sprain/strain of knee/leg; other tear of cartilage or meniscus of knee, rule out; contusion of the knee; muscle spasms; pain in limb; antalgic gait). A progress note dated April 15, 2015 noted a diagnosis of osteoarthritis of the knee. Treatments to date have included medications, Supartz injections, partial lateral meniscectomy with removal of loose body and arthroscopic chondroplasty, and physical therapy. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included platelet rich plasma injections of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injections to be done every two weeks for a total of four (4) injections for the right knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, Platelet-rich plasma (PRP).

Decision rationale: The 37 year old patient complains of painful right knee, and has been diagnosed with knee/leg sprain/stain, contusion of the knee, muscle spasms, localized superficial swelling, pain of limb, antalgic gait, and meniscus tear, as per progress report dated 05/28/15. The request is for platelet rich plasma injections to be done every two weeks for a total of four injections. There is no RFA for this case, and the patient's date of injury is 01/30/14. Medications, as per progress report dated 05/20/15, included Diclofenac, Lansoprazole, and Cyclobenzaprine. The patient is 7 months status post right partial lateral meniscectomy, removal of LB, and chondroplasty with aberration, as per the progress report dated 03/10/15. The patient is also status post multiple Supartz injections. He is taking Tramadol for pain relief and has been allowed to work with restrictions, as per progress report dated 05/28/15. MTUS is silent regarding request, however ODG-TWC states under knee chapter: "Under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added." ODG appears to support PRP injections for early OA of the knee stating: "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." "Platelet-rich plasma injections can benefit patients with cartilage degeneration and early osteoarthritis (OA) of the knee, according this RCT. In patients with minimal OA, platelet-rich plasma (PRP) works better than hyaluronic acid." In this case, the request for PRP injections is noted in progress report dated 05/20/15. The treater does not explain how this treatment will benefit the patient. Nonetheless, the patient is 37 years old and has been diagnosed with osteoarthritis of the knee, as per progress report dated 03/10/15. ODG guidelines support the use of PRP injections for less severe, very early arthritis, in younger people under 50 years of age. Hence, the request is medically necessary.