

<b>Case Number:</b>	CM15-0121551		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	05/04/2000
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 60 year old male, who sustained an industrial injury on 5/4/2000. Initial complaints were not reviewed. The injured worker was diagnosed as having right knee medial compartment osteoarthritis, possible meniscal tear. Treatment to date has included medications. Diagnostic studies included x-ray right knee 4 views (5/8/15); MRI of the right knee (5/14/15). Currently, the PR-2 notes dated 5/19/15 indicated the injured worker presents for a re-evaluation of his right knee pain. A MRI of the right knee was obtained on 5/14/15 revealing a medial meniscus tear; medial compartment degenerative joint disease (moderate to severe) and an old ACL tear. His symptoms are unchanged. The provider's treating diagnosis is listed as medial compartment osteoarthritis and will plan for PRP/Orthovisc injections. The PR-2 notes dated 5/14/15 indicated the injured worker returned to the office on this date for a re-evaluation of his right knee pain. It notes his pain is improved since the onset of swelling. A physical examination that notes the right knee reveals genu varum alignment; no atrophy, moderate effusion is present. There is tenderness to palpation at no joint about the knee. There is mild patellofemoral crepitus noted. The knee range of motion is as follows in degrees: 0-140. No pain on internal and external rotation of the ipsilateral hip. The strength is 5/5 throughout the lower extremity bilaterally. Special tests: Lachman's: unstable, LCL: stable; MCL stable, PCL stable and McMurray's is positive. The contralateral knee has no noted atrophy, scarring, erythema or effusion. Knee range of motion is full and there is no tenderness to palpation. The knee is stable to anterior, posterior, varus and valgus stress. Effusion is noted as resolved significantly and no longer causing his pain and stiffness. The provider recommended at this time anti-inflammatories and an ace wrap to assist swelling. The provider's treatment plan on 5/19/15 included a request for

authorization of a platelet rich plasma injection, fluoroscopic guidance to the right knee.

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

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

#### **1 Platelet rich plasma injection, fluoroscopic guidance to the right knee: 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 Chapter.

**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 May 2000. He was seen on 05/08/15 for right knee pain. He had developed symptoms within the past week. He was having symptoms of locking, catching, and giving way. Additional testing was ordered. On 06/08/15 MRI results were reviewed. There was a medial meniscus tear with medial compartment degenerative joint disease and an old ACL tear. He had ongoing symptoms. Physical examination findings were unchanged. PRP injection was requested. 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. His symptoms have been present for approximately 5 weeks. There are other available treatments for his condition likely to be effective. The requested injection was not medically necessary.