

Case Number:	CM15-0176632		
Date Assigned:	09/17/2015	Date of Injury:	08/28/2000
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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:

The injured worker is a 56 year old male, who sustained an industrial injury on 08-28-2000. He has reported injury to the left knee. The diagnoses have included left foot tibial sesmoid fracture; left knee medial meniscus tear; left knee osteochondral defect; left knee synovitis; and status post left knee meniscectomy, synovectomy, abrasion arthroplasty, on 08-07-2015. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. A progress report from the treating physician, dated 08-13-2015, documented a follow-up visit with the injured worker. The injured worker reported that he is doing well with minimal swelling. Objective findings included wounds clean and dry, with no signs of infection after sutures removed under sterile conditions; minimal swelling; and positive straight leg raise test. The treatment plan has included the request for 1 PRP (platelet rich plasma) injection, left knee. The original utilization review, dated 08-25-2015, non-certified a request for 1 PRP (platelet rich plasma) injection, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRP (platelet rich plasma) injection, left 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 & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Platelet-rich plasma (PRP), pages 339-340.

Decision rationale: There are multiple issues regarding the mechanism of action of PRP and which of the multiple platelet growth factors is active in various applications. A Pub Med review regarding the use of PRP for early osteoarthritis of the knee appears to indicate some short term potential benefit, but high quality RCTs have not been performed to indicate a strong case for use of PRP to treat mild knee osteoarthritis. ODG states the Platelet-rich plasma treatment for patellar tendinopathy and severe knee osteoarthritis remain under study as the exact mechanism of action is still being investigated and the process is affected by various factors including growth factors, immune cells, and numerous chemomodulations, Further clarification with evidenced based studies to identify its side effects, associated adverse effects and benefits if any. Medical necessity has not been demonstrated for PRP injection beyond guidelines criteria and the request for the PRP injection has not been established. The 1 PRP (platelet rich plasma) injection, left knee is not medically necessary and appropriate.