

<b>Case Number:</b>	CM15-0179154		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	05/14/2003
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 71 year old female who sustained an industrial injury on 05-14-2003. The injured worker is status post head and multiple injuries from a slip and fall according to an addendum report in June 2014. The injured worker was diagnosed with left Achilles tendinitis, right knee degenerative joint disease, cervical degenerative disc disease, sacroiliac (SI) dysfunction, gastrointestinal (GI) distress and left shoulder impingement. The injured worker underwent left knee arthroscopy with abrasion arthroplasty, partial meniscectomies and synovectomies in September 2011 and March 2012. According to the treating physician's progress report on July 28, 2015, the injured worker continues to experience right neck pain, right Achilles tendon swelling and right fibula pain and swelling. Right knee has improved with Euflexxa injections without tripping on stairs and easier getting in and out of a tub. The injured worker reports abdominal swelling after sitting with a 2-3 inch girth increase and less frequent stool incontinence. Several documents within the submitted medical records are difficult to decipher. Objective findings on examination documented positive fibula effusion with tenderness to palpation, positive improvement in sacroiliac joint alignment and decreased pain and decreased Achilles effusion. The cervical spine noted positive trapezius spasm with tightness. Prior treatments documented to date have included diagnostic testing, surgery, Interferential Stimulator (IF) unit, Euflexxa injections to the right knee, extensive physical therapy for multiple body parts, chiropractic therapy, home exercise program, multiple consultations and referrals to orthopedics, neurology, rheumatology, audiology, dentists and gastroenterology (GI). Treatment plan consists of completion of Euflexxa series to the right knee and the current request for platelet rich plasma injection to the knees, ankles and neck. The Utilization Review determined the request for platelet rich plasma injection to the knees, ankles and neck was not medically necessary on 08-19-2015.

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

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

**Platelet rich plasma injection to the knees, ankles and neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, PRP injections.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested PRP injections are not indicated due to lack of studies showing superior efficacy compared to placebo. The documentation does not show a failure of aggressive conservative therapy or even invasive therapy. Therefore, the request is not medically necessary.