

Case Number:	CM15-0061722		
Date Assigned:	04/07/2015	Date of Injury:	07/09/2010
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/01/2015

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 49 year old male, who sustained an industrial injury on 7/09/2010. Diagnoses include bilateral posttraumatic arthritis. Treatment to date has included medications, Supartiz injections, rest, and ice. Per the Primary Treating Physician's Progress Report dated 1/22/2015 the injured worker reported bilateral knee pain rated as 3-6/10, frequent an improving. Physical examination revealed medial crepitus in the left knee. Range of motion was 0-120 degrees. He has mild effusion and slight varus alignment and pseudolaxity to varus stress. Right knee range of motion was 0-14 degrees. The plan of care included Supartiz injections x 5 for the left knee and platelet rich plasma injection. Authorization was requested for platelet rich plasma injection for the left knee.

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 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, Treatment in Workers' Compensation, Knee and Leg, Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Platelet-rich plasma (PRP).

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for left knee pain. When seen, pain was rated at 3-6/10 and was improving. A repeat series of Supartz injections was requested as a prior series have worked well for approximately one year. 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, a series of viscosupplementation injections is also being requested. In this case, the requested injection is still considered experimental / investigational for the treatment of the member's condition. Additionally, guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this request was not medically necessary.