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| Case Number: | CM15-0064319 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 10/29/2008 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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(n) 49 year old male, who sustained an industrial injury on 10/29/08. He reported pain in his right knee after being pinned between two vehicles. The injured worker was diagnosed as having right knee meniscal tear, acute lumbar strain and right ankle sprain. Treatment to date has included physical therapy, chiropractic treatment, knee surgery, Supartz injections and pain medications. As of the PR2 dated 2/27/15, the injured worker reports 7-8/10 pain in the right knee. The treating physician noted decreased range of motion and significant biomechanical changes secondary to an excised fibular head. The treating physician requested a platelet-rich plasma injection for the right knee and a request for a Supartz injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-Rich Plasma injection for 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 (ODG)-TWC, knee and leg (acute and chronic).

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

Decision rationale: Platelet-Rich Plasma injection for the right knee is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that these injections are still under study for the knee. The peer clinical review report dated 3/17/15 states that the patient was certified to have an injection of Supartz in the knee. Prior Supartz injections were not certified due to lack of documentation of severe osteoarthritis. With the guidelines stating that PRP injections are still under study for the knee and the fact that the patient is certified to have a knee hyaluronic acid knee injection the request for concomittent platelet rich plasma injection right knee is not medically necessary.