

Case Number:	CM15-0067906		
Date Assigned:	04/15/2015	Date of Injury:	05/29/2003
Decision Date:	06/23/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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 50 year old female with an industrial injury dated 05/29/2003. Her diagnosis was bilateral trochanteric bursitis. Prior treatment included corticosteroid injection into the trochanteric bursa, Synvisc injections, status post right knee diagnostic and operative arthroscopy on 10/28/2005. She presents on 03/04/2015 with bilateral hip pain. Physical exam revealed full range of motion of lumbar spine in forward flexion, extension and lateral rotation. She had full range of motion of bilateral hips and knees. There was tenderness over the greater trochanteric on the right. There was normal sensation throughout. The provider documents the injured worker received 5-6 months of relief with viscosupplementation. The request is for 2 platelet rich injections to hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 platelet rich plasma (PRP) injections to the bilateral hips as an outpatient: 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), Hip and Pelvis Chapter, Platelet-rich plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip, Platelet-rich plasma (PRP), pages 252-253.

Decision rationale: Per ODG, there are few published studies regarding Platelet-rich plasma (PRP) injections and treatment is still considered under study. Regarding optional treatment for diagnosis of osteoarthritis, recent case study concluded PRP injection is not recommended as there is insufficient evidence indicating long term benefit in pain relief and function. Submitted reports have not adequately demonstrated any failed conservative treatment trial, acute new injury, progressive deterioration in clinical findings, decreased ADLs, or medical necessity beyond the guidelines criteria. The 2 platelet rich plasma (PRP) injections to the bilateral hips as an outpatient is not medically necessary and appropriate.