

Case Number:	CM15-0078311		
Date Assigned:	04/29/2015	Date of Injury:	02/07/2012
Decision Date:	06/05/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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 48 year old male, who sustained an industrial injury on February 7, 2012. He has reported neck pain, back pain, wrist pain, and knee pain. Diagnoses have included chronic pain syndrome, cervical spine strain/sprain with myofascitis, lumbar spine stenosis, lower back pain, sciatica, spinal enthesopathy, unspecified fasciitis, and lumbar facet arthropathy. Treatment to date has included medications, bracing, knee surgery, therapy, epidural injections, and imaging studies. A progress note dated March 3, 2015 indicates a chief complaint of right wrist pain, back pain radiating to the left leg, and left knee pain. The treating physician documented a plan of care that included platelet rich plasma 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 to the left knee under ultrasound guidance: 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 (updated 02/27/15) Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, platelet rich plasma injection, knee.

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested medication. The ODG states a small study found a statistically significant improvement in all scores at the end of multiple PRP injections in patients with chronic refractory patellar tendinopathy. According to the provided clinical documentation for review, the patient does not have this diagnosis and therefore the request is not medically necessary.