

<b>Case Number:</b>	CM15-0079871		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Pennsylvania, Ohio, 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 47 year old male who sustained a work related injury July 9, 2009. Past history included a left knee partial medial and lateral meniscectomy. According to a treating physician's notes, dated March 16, 2015, the injured worker presented with left knee pain. He has had recent platelet-rich plasma injections which improved his left knee pain. There is mild discomfort along the anteromedial portion of his left knee, rated 5/10 and described as sharp, shooting, deep, tight, and achy-like discomfort. Past treatment included; viscosupplementation injections, chiropractic care, and physical therapy. Impression is documented as s/p left knee partial medial and lateral meniscectomy and chondroplasty; chondromalacia patella; patellofemoral syndrome; knee chondromalacia; knee synovitis. Treatment plan included request for authorization of platelet rich plasma injection to the left knee under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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 (Acute & 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/Platelet Rich Plasma.

**Decision rationale:** MTUS does not discuss this treatment modality. ODG discusses weak evidence for PRP for chronic patellar tendinopathy and overall concludes that this treatment is experimental at present . The records in this case discuss benefit from multiple prior forms of traditional conservative treatment. Thus the records and guidelines do not support continuation of an experimental form of treatment in this case. The request is not medically necessary.