

Case Number:	CM15-0091141		
Date Assigned:	05/15/2015	Date of Injury:	05/01/1997
Decision Date:	06/17/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old female who sustained an industrial injury on 05/01/1997. The injured worker was diagnosed with left meniscal tear and left knee post traumatic early osteoarthritis. The injured worker is status post left knee arthroscopy with partial meniscectomy (no date documented). Treatment to date includes diagnostic testing with magnetic resonance arthrography of the left knee on January 27, 2015, physical therapy, previous platelet rich plasma injection to left knee (# and dates performed were not documented), cortisone injections, orthotics and medications. According to the primary treating physician's progress report on March 23, 2015, the injured worker continues to experience left knee pain. The injured worker rates her pain level at 4-8/10 and frequent. Examination of the left knee demonstrated tenderness medially with positive crepitus on passive range of motion. Range of motion was documented at 0-120 degrees. Neurovascular was intact distally. Current medication is listed as Kera-Tek topical analgesics cream. Treatment plan consists of topical analgesics, home exercise program and the current request for platelet rich plasma injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP 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 - TWC, Knee and Leg Procedure Summary, Online Version, Platelet-rich plasma.

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 section, Platelet Rich Plasma.

Decision rationale: Pursuant to the Official Disability Guidelines, platelet rich plasma for the left knee is not medically necessary. Platelet rich plasma is understudy. A small study found a statistically significant improvement in all scores at the end of multiple platelet rich plasma injections in patients with chronic refractory patellar tendinopathy, and a further improvement noted at six months, after physical therapy was added. See the guidelines for additional details. In this case, the injured worker's working diagnoses are left knee meniscal tear; status post left knee arthroscopy; and left knee posttraumatic early osteoarthritis. The injured worker has a history of prior arthroscopy of the left knee. Subjectively, according to a March 23, 2015 progress note, the injured worker has a VAS score of 4-8/10. The injured worker has received prior platelet rich plasma injections. According to a November 24, 2014 progress note; there was no significant improvement with prior platelet rich plasma injections. A March 23, 2015 progress note states the injured worker received improvement from the prior platelet rich plasma injections. There is conflicting documentation as to the outcome of prior platelet rich plasma injections in the medical record. There is subjectively improvement according to the March 23, 2015 note. However, there is no objective functional improvement with prior platelet rich plasma injections. Platelet rich plasma injections (PRP) are understudy. Consequently, absent clinical documentation with objective functional improvement and gains from prior platelet rich plasma injections and guidelines indicating PRP is understudy, platelet rich plasma for the left knee is not medically necessary.