

Case Number:	CM15-0094500		
Date Assigned:	05/20/2015	Date of Injury:	08/15/2010
Decision Date:	06/22/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/15/2015

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 56 year old male who sustained a work related injury August 15, 2010. He was pulling bins apart and heard a pop in his back and developed low back pain. He was treated with medication, physical therapy, chiropractic therapy, ice/heat treatment, acupuncture, and a TENS unit. Past history included hypertension, prostate cancer, and sleep apnea on CPAP (continuous positive airway pressure), C3 C4 posterior laminoplasty 2/26/2013 and right knee arthroscopic debridement, partial medial meniscectomy and chondroplasty 6/20/2014.

According to a physician's progress notes dated March 3, 2015, the injured worker presented with complaints that he fell the previous night and his right knee is bothering him. He also reports increased low back pain, bilateral lower extremity pain, neck and right hip pain. His neck surgery (anterior C3-C5 fusion) is approved pending a pulmonary function test and weight loss. There is a wound, the size of a quarter over the left shin, with some scabbing present and some tenderness, but no redness or active drainage noted. Diagnoses are cervical disc displacement without myelopathy; lumbar disc displacement without myelopathy; lumbago. At issue, is the request for authorization for platelet rich plasma injection to the right knee.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 issue. The ODG states that platelet rich plasma injection for the right knee is under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. The documentation indicate no extenuating circumstance that would necessitate a procedure that continues to be under study, therefore the request for platelet rich plasma injection for the right knee is not medically necessary.