

<b>Case Number:</b>	CM15-0096975		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 52-year-old male, who sustained an industrial injury on 7/28/2014. He reported a twisting injury to his left knee. The injured worker was diagnosed as having internal derangement of the left knee. Treatment to date has included diagnostics, corticosteroid injection, and medications. Currently, the injured worker complains of left knee pain and crepitation. Magnetic resonance imaging was documented to show a posterior horn tear of the medial meniscus, as well as an osteochondral defect of the lateral femoral condyle. Exam of the left knee noted mild effusion and swelling, subpatellar crepitation, medial joint line tenderness, +/- McMurray's, and negative McMurray's laterally. The treatment plan included diagnostic arthroscopic left knee surgery, with PRP (platelet rich plasma) injection at the time of surgery. The rationale for PRP was to enhance healing of his chondral defect of the lateral femoral condyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP (platelet rich plasma) at surgery:** 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 chapter - 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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of platelet-rich plasma (PRP) for the knee. According to the ODG, Knee and Leg, PRP is under study. PRP looks promising, but it is not yet ready for recommended use. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients. In this case, the patient is 52. As the guidelines do not support PRP for the knee, the determination is not medically necessary.