Case Number:	CM17-0011992		
Date Assigned:	01/23/2017	Date of Injury:	10/15/2016
Decision Date:	02/14/2017	UR Denial Date:	01/03/2017
Priority:	Standard	Application Received:	01/18/2017

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 47 year old male with an industrial injury date of 10-15-2016. Medication review indicates the injured worker is being treated for right knee strain, partial anterior cruciate ligament tear and partial medial collateral ligament tear. The injured worker presented on 12-08-2016 for follow up of right knee pain rated as 4 out of 10 which was unchanged since last visit. The injured worker had been taking Norco and reported improvement in pain level from 3-7 out of 10 down to 0 out of 10 after taking medications. The pain was made better with rest and medication and worse with activities. Work status is temporarily totally disabled. Current medication was Norco. The injured worker had attended 1 out of 12 physical therapy sessions for right knee. Objective findings on right knee exam revealed range of motion was 0 to 120 degrees. The knee was stable to Lachman's and drawer. There was mild crepitus on passive range of motion. There was tenderness noted medially and mild to moderate effusion. The knee was neurologically intact distally. In the 11-03-2016 treatment note weight bearing x-rays of the right knee are referenced as showing normal alignment, no degenerative changes and no fracture or lesions. MRI of right knee dated 10-25-2016 revealed partial tear of the anterior cruciate ligament and partial tear of the medial collateral ligament. On 01-03-2017 the request for platelet rich plasma injection to the right knee was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One platelet-rich plasma injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic): Platelet-rich plasma (2016).

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee - Platelet-rich plasma (PRP).

Decision rationale: One platelet-rich plasma injection to the right knee is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that platelet-rich plasma (PRP) injections are recommended for limited, highly specific indications. These include significantly symptomatic osteoarthritis or refractory patella tendinosis. The documentation does not reveal that the patient's knee condition is due to patella tendinosis or osteoarthritis therefore this request is not medically necessary.