

Case Number:	CM14-0140421		
Date Assigned:	09/10/2014	Date of Injury:	03/11/2013
Decision Date:	10/20/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old male security supervisor who reportedly was injured on 03/11/13 when he was getting up from his chair and struck his right knee on the desk, with immediate right knee pain and swelling. The injured worker is status post right knee arthroscopy on 09/30/13 with partial medial meniscectomy, chondroplasty of the medial and patellofemoral compartments, and anterior synovectomy of the 3 compartments followed by post-op physical therapy. The injured worker is noted to have undergone a series of 3 Synvisc injections to the right knee in April 2014 without benefit. Weight bearing x-rays of the right knee, dated 05/15/14, were noted to show varus alignment with 1mm joint space in the medial compartment with small bone spur. Per orthopedic evaluation on 05/15/14 the injured worker was recommended to have viscosupplementation to the right knee as well as a platelet rich plasma injection to the right knee. The injured worker was seen in follow-up on 06/19/14 with persistent right knee pain rated 6/10. Right knee exam revealed decreased range of motion with flexion of 120 degrees and extension of 0. There was tenderness to the medial and lateral joint lines. There was positive patellofemoral grind. There was slight decreased strength at 4+/5 of the quadriceps muscle. The injured worker does not take any prescription medications at this time. Authorization for viscosupplementation and platelet rich plasma injection to the right knee again was requested. Prior utilization review denied request for Platelet rich plasma for the right knee and Viscosupplementation for the right knee on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma for the right 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 (ODG)

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: ODG guidelines reflect that platelet rich plasma is under study for the knee. It is not recommended except in a research setting. There is no strong scientific evidence to establish the safety and efficacy of this treatment, and as such the request for injection of platelet rich plasma for the right knee is not recommended as medically necessary.

Viscosupplementation for the right 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/Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections

Decision rationale: ODG guidelines provide that hyaluronic acid injections may be indicated for patients with significantly symptomatic osteoarthritis who have not responded to conservative treatment after at least 3 months; who have documented symptomatic severe OA of the knee; pain interferes with functional activities; have not adequately responded to aspiration and injection of intra-articular steroids; and who are not currently candidates for total knee replacement. A repeat series of viscosupplementation may be indicated if there is significant improvement in symptoms after previous injections for 6 months or more, and symptoms recur. In this case, it was noted that the injured worker had a series of injections which were not beneficial. There is no documentation that the injured worker has failed conservative measures or that he had a failed attempt of intra-articular steroids. Based on the clinical information provided, the request for Viscosupplementation for the right knee is not recommended as medically necessary.