

Case Number:	CM14-0143393		
Date Assigned:	09/10/2014	Date of Injury:	10/07/2004
Decision Date:	10/22/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 78-year-old male who reported an injury on 10/07/2004. The mechanism of injury was due to cumulative trauma. On 08/19/2014, the injured worker presented with complaints of pain in the neck with muscle spasm. Upon examination of the cervical spine, there was an anterior head carriage with right lateral head tilt. There was 2+ tenderness to palpation at the suboccipital scalene and over the sternocleidomastoid muscles. There was a positive bilateral maximal foraminal compression test, cervical distraction, and shoulder depression test. Examination of the bilateral shoulders revealed +2 tenderness to palpation at the subacromial space, at the supraspinatus, and at the tendon and muscle attachment site. There was a positive bilateral Neer's impingement sign, empty can's test, and supraspinatus test. Examination of the bilateral knees noted +2 tenderness to palpation over the medial and lateral joint line, and no anterior or posterior cruciate ligament instability. There was a positive right sided crunch test and Apley's compression test noted. There was also a positive bilateral McMurray's test. Diagnoses were contusion of the bilateral knees per MRI dated 01/04/2014 and bilateral ankle sprain/strain. The provider recommended 1 series of 3 platelet rich plasma injections for the bilateral knees and a urine drug screen. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of 3 platelet rich plasma (PRP) injections for bilateral knees: 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 and Leg, Platelet-rich plasma (PRP)

Decision rationale: The Official Disability Guidelines state that platelet rich plasma is under study. The exact mechanism of action in the context of PRP is still being investigated. PRP has become popular among professional athletes because it promises to enhance performance but there is no science behind it yet. As the guidelines state PRP injections are under study, a platelet rich plasma injection for the bilateral knees would not be warranted. As such, medical necessity has not been established.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It was unclear when the last urine drug screen was performed. As such, medical necessity has not been established.