

Case Number:	CM14-0154605		
Date Assigned:	09/24/2014	Date of Injury:	09/14/2013
Decision Date:	11/06/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 & Rehabilitation 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:

This is a 27-year-old female with a 9/14/13 date of injury, when she fell of the horse and injured her right lower extremity. The patient underwent the right hip surgery on 9/18/13. The radiographs of the right hip and femur dated 4/4/14 revealed healed fracture and intact internal fixation. The patient was seen on 8/11/14 with complaints of right hip pain. Exam findings revealed tenderness along the lateral aspects of the right hip near the peri-incisional area and slight right Trendelenburg gait. The right hip flexion was 120 degrees, external rotation was 25 degrees, internal rotation was 45 degrees, abduction 60 degrees and adduction 40 degrees with lateral hip pain. The motor strength in the right lower extremity was 4+/5 at the right hip. The patient reported pain with the internal rotation. The diagnosis is status post right knee fracture, right knee and foot contusion and right hip pain. Treatment to date: work restriction, physical therapy, and medications. An adverse determination was received on 9/10/14 given that there was no evidence of effectiveness of PRP for the hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip PRP (Platelet-Rich Plasma) injection: 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) Hip and Pelvis Chapter Platelet-rich plasma (PRP)

Decision rationale: CA MTUS does not address this issue. ODG states that Platelet-rich plasma (PRP) injections are under study. For OA of the hip, this preliminary non-controlled prospective study supported the safety, tolerability and efficacy of PRP injections for pain relief and improved function in a limited number of patients. Each joint received three IA injections of PRP, which were administered once a week. 40% of the patients were classified as excellent responders who showed an early pain reduction at 6-7 weeks, which was sustained at 6 months, and a parallel reduction of disability. Little has been published regarding the use of platelet-rich plasma during total hip arthroplasty. This study concluded that the use of platelet-rich plasma does not appear to have a role in total hip arthroplasty. Per telephone conversation with the prescribing provider dated 9/10/14 a denial was agreed upon for the request. Therefore, the request Right hip PRP (Platelet-Rich Plasma) injection is not medically necessary and appropriate.