

<b>Case Number:</b>	CM13-0057487		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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

Certification(s)/Specialty: Emergency 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 56 year old male, who sustained an industrial injury on April 9, 2010, incurring left knee injuries. He was diagnosed with degenerative joint disease and on November 17, 2010, underwent a left knee arthroscopy, subtotal meniscectomy, femoral chondroplasty, medial synovectomy, pre, and post-operative injection. Other treatment included pain medications, knee steroid injections that allowed relief for the injured worker, topical analgesic compound cream and activity restrictions. On August 5, 2013, the injured worker complained of increased pain in the left knee, joint irritation and limited range of motion. He was temporarily totally disabled at that time. The treatment plan that was requested for authorization on September 5, 2013, included a platelet rich plasma injection for the left knee. On September 10, 2013, the request for an injection for the left knee was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Platelet Rich Plasma injection for the left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Injections.

**Decision rationale:** The requested 1 Platelet Rich Plasma injection for the left knee, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee, Platelet Rich Plasma Injections, Only principally recommended for patellar tendinopathy after full conservative measures. The injured worker underwent a left knee arthroscopy, subtotal meniscectomy, femoral chondroplasty, medial synovectomy, pre, and post-operative injection. Other treatment included pain medications, knee steroid injections that allowed relief for the injured worker, topical analgesic compound cream and activity restrictions. On August 5, 2013, the injured worker complained of increased pain in the left knee, joint irritation and limited range of motion. The treating physician has not documented evidence for patellar tendinopathy. The criteria noted above not having been met, 1 Platelet Rich Plasma injection for the left knee is not medically necessary.