

Case Number:	CM13-0046693		
Date Assigned:	12/27/2013	Date of Injury:	03/15/2002
Decision Date:	02/24/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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 patient is a 56-year-old male who reported an injury on 03/15/2002. The injury was noted to have occurred when the patient twisted his left knee. The patient's diagnoses include status post multiple arthroscopic surgeries to the left knee, as well as post-traumatic degenerative joint disease, status post right knee arthroscopy with patellofemoral chondroplasty, resection of aberrant anterior horn lateral meniscus tear, and limited synovectomy on 04/26/2012, cervical strain, and lumbosacral strain. A 10/10/2013 office note indicates that the patient has been participating in physical therapy for his neck and back conditions, but it had ended. It noted that the patient had found therapy to be particularly helpful to control his symptoms. A recommendation was made for continued physical therapy for his neck and lower back. His objective findings were noted to include decreased range of motion in the left knee, as well as atrophy of the quadriceps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and ODG Low Back-physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, physical medicine is recommended for the treatment of unspecified myalgia and myositis at 9 visits to 10 visits over 8 weeks. The clinical information submitted for review indicates that the patient had previously participated in physical therapy; however, the specific number of visits was not provided. Therefore, it is unknown how many previous physical therapy visits the patient participated in and whether he made functional gains during this treatment. Additionally, the request for physical therapy 2 times a week for 6 weeks exceeds the guidelines' recommendation of 9 visits to 10 visits over 8 weeks. Therefore, the request is not supported.

Platelet rich plasma (PRP) injection left 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) Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, Platelet-rich plasma (PRP).

Decision rationale: According to the Official Disability Guidelines, platelet rich plasma injections are currently under study. It further indicates that a small study found a statistically significant improvement following multiple platelet rich plasma injections in patients with chronic refractory patellar tendinopathy, and further improvement was noted at 6 months after physical therapy was added. The clinical information submitted for review does not indicate that the patient has a diagnosis of patellar tendinopathy. Additionally, as the use of plateau rich plasma is still under study, the request is not supported. For these reasons, the request is non-certified.