

<b>Case Number:</b>	CM14-0163432		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/10/2008
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 45-year-old male with an 11/5/13 date of injury. At the time (9/4/14) of the Decision for Platelet-Rich Plasma Injection, right knee, per 08/27/14 form QTY: 1 and Physical Therapy to Left Ankle, Right Knee, and Left Shoulder, per 08/27/14 form QTY: 12, there is documentation of subjective (left shoulder pain rated 1/10, right knee pain primarily in peripatellar region and under knee cap rated 6-7/10, and relatively constant left ankle pain) and objective (mild tenderness to palpation over left superior aspect of the shoulder, left shoulder abduction and flexion to approximately 170 degrees, tenderness over superior medial tibia, gross limitation in left ankle flexion, plantar flexion, eversion, and inversion to approximately 50 percent of normal, some swelling in the inferior and anterior aspect of ankle laterally, and antalgic gait) findings, current diagnoses (chronic right knee pain, chronic left ankle pain, and left shoulder tendinitis and sprain), and treatment to date (physical therapy, home exercise program, activity modifications, and plasma rich platelet injection to left lateral ankle). 3/27/14 medical report identifies patient has completed 24 sessions of PT. Regarding Physical Therapy to Left Ankle, Right Knee, and Left Shoulder, per 08/27/14 form QTY: 12, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet-Rich Plasma Injection, right knee, per 08/27/14 form QTY: 1: 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 (updated 08/25/14), Platelet-Rich Plasma (PRP)

**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 Therapy

**Decision rationale:** MTUS does not address this issue. ODG identifies that platelet-rich plasma therapy to the knee is under study. Therefore, based on guidelines and a review of the evidence, the request for Platelet-Rich Plasma Injection, right knee, per 08/27/14 form QTY: 1 is not medically necessary.

**Physical Therapy to Left Ankle, Right Knee, and Left Shoulder, per 08/27/14 form QTY: 12: 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), Ankle & Foot (updated 07/29/14) Physical Therapy (PT); and ODG, Ankle/Foot Sprain; and ODG, Shoulder (updated 08/27/14), Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Physical therapy; Knee & Leg, Physical therapy; and Shoulder, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of pain in joint not to exceed 9 visits over 8 weeks, joint disorders not to exceed 9 visits over 8 weeks, and sprained shoulder not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of chronic right knee pain, chronic left ankle pain, and left shoulder tendinitis and sprain. In addition, given documentation of 24 previous sessions of physical therapy, which exceeds guidelines, there is no documentation of a statement of exceptional

factors to justify going outside of guideline parameters. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy to Left Ankle, Right Knee, and Left Shoulder, per 08/27/14 form QTY: 12 is not medically necessary.