

Case Number:	CM14-0027312		
Date Assigned:	06/20/2014	Date of Injury:	07/15/2012
Decision Date:	08/04/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/04/2014

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 & 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:

The injured worker is a 44-year-old female who reported an injury on 07/15/2012. The mechanism of injury was not provided for clinical review. The diagnoses include left knee degenerative joint disease (DJD) patella maltracking. Previous treatments include 30 sessions of physical therapy, MRI, medication, and surgery. In the clinical note dated 03/21/2014 it was reported the injured worker had continued pain and discomfort, and throbbing and swelling of the left knee. Upon the physical exam, the provider noted the injured worker had swelling of the left knee. He indicated the injured worker had pain with range of motion and popping of the left knee. The provider requested a left knee platelet plasma injection, and 12 additional sessions of physical therapy. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE PLATELET PLASMA INJECTIONS: Upheld

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

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: The Official Disability Guidelines note platelet rich plasma injections are under study. Small studies found a statistically significant improvement in all scores at the end of multiple platelet rich plasma injections in patients with chronic refractory patella tendinopathy and further improvement was noted at 6 months after physical therapy was added. The clinical results were encouraging, indicating that platelet rich plasma injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. There is lack of significant objective findings indicating the injured worker is diagnosed with or being treated for refractory patella tendinopathy. The request submitted failed to provide the quantity of the injections to be given. As such, the request is not medically necessary.

12 (TWELVE) SESSIONS OF PHYSICAL THERAPY: Upheld

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

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

Decision rationale: MTUS Guidelines note that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia or myalgia, 8 to 10 visits of physical therapy are recommended. There is lack of documentation indicating the efficacy of the injured worker's prior course of physical therapy. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. The request submitted does not specify a treatment site. Additionally, the injured worker has utilized 30 sessions of physical therapy, therefore, a request for 12 additional sessions exceeds the guideline recommendations. As such, the request is not medically necessary.