

Case Number:	CM14-0044932		
Date Assigned:	07/02/2014	Date of Injury:	10/29/2009
Decision Date:	08/27/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female with a reported date of injury on 10/29/2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include pes anserine bursitis and status post bursectomy. Her previous treatments were noted to include physical therapy, surgery, medications, acupuncture, and chiropractic care. The progress note dated 06/26/2014 revealed the injured worker continued to complain of pain at the pes bursa and complained of weakness to the right knee. The physical examination revealed tenderness to palpation to the pes bursae and positive quad weakness and range of motion was noted to be 0 to 100 degrees. The provider requested physical therapy 2 x 6 for quad strength and a platelet rich plasma injection. The Request for Authorization form dated 06/30/2014 was for platelet rich plasma injection to the R-pes bursae for R-pes bursae pain and physical therapy 2 x 6 for quad strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with phonophoresis for R-pes bursae 2 times per week for 6 weeks #12:
Upheld

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

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

Decision rationale: The injured worker has received approximately 17 sessions of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed to and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has received over 10 visits of physical therapy and there is a lack of documentation regarding current measureable objective functional deficits and quantifiable objective functional improvement with previous physical therapy sessions. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. The guidelines recommend active therapies instead of a passive therapy modality, such as phonophoresis. Therefore, the request is not medically necessary.

Platelet rich plasma injection to R-pes bursae: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg regarding 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 and Leg, Platelet-rich plasma.

Decision rationale: The injured worker has received physical therapy sessions, acupuncture, and chiropractic care. The Official Disability Guidelines state that platelet rich plasma injections are under study. A small study found a statistically significant improvement in all scores at the end of multiple platelet rich plasma injections in injured workers with chronic refractory patellar tendinopathy and a further improvement was noted at 6 months after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. PRP represents a novel, noninvasive treatment method for injured workers with acute or chronic soft tissue musculoskeletal injuries. The popularity of PRP has increased in the medical community and it has received increased media attention in recent years, particularly because professional athletes have undergone this procedure. There is a need for further basic science investigation, as well as randomized control trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendinous injuries. PRP appears to improve the healing of patellar tendon graft sites after anterior cruciate ligament reconstruction but the intervention did not have any clinical impact. Platelet rich injections can benefit injured workers with cartilage degeneration and early osteoarthritis of the knee, according to this randomized

controlled trial. In injured workers with minimal osteoarthritis, platelet rich plasma works better than hyaluronic acid. The guidelines state the platelet rich plasma injections are under study and are primarily utilized for chronic refractory patellar tendinopathy and osteoarthritis to which the injured worker has not been diagnosed. Therefore, the request is not medically necessary.