

Case Number:	CM14-0049999		
Date Assigned:	07/11/2014	Date of Injury:	10/17/2011
Decision Date:	08/13/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 Orthopedic Surgery 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:

This 31-year-old female sustained an industrial injury on 10/17/11. Injury occurred when the patient slipped and fell backward while dealing with an aggressive student and dislocated the left kneecap. The patient was status post left knee medial patellofemoral ligament (MPFL) repair and chondroplasty in November 2012 and left knee arthroscopy with lateral interval release, revision of the MPFL reconstruction with Achilles allograft, debridement of articular cartilage defects, microfracture patella with brocartilage transplantation, and intraoperative platelet-rich plasma (PRP) on 2/5/14. The 3/20/14 treating physician report cited no significant pain, only stiffness and soreness. Muscle tone was fair with range of motion 0-110 degrees. The treatment plan recommended out-patient platelet-rich plasma injections, post-operative knee brace, 2nd course of physical therapy #12 sessions, and weaning off crutches. The 4/1/14 physical therapy chart note cited grade 5/10 pain, stiffness with bending the knee, and anterior knee pain with walking and going up and down stairs. Physical exam documented edema along the medial joint line and tenderness over the patellar tendon, iliotibial band, distal quadriceps, and infraspinatus region. There was antalgic gait with weight avoidance on the involved lower extremity, and use of a single point cane and brace for community walking. Left knee range of motion was documented -3 degrees in passive extension and 55 degrees in passive flexion. Hamstring and quadriceps strength was not tested, hip abduction was 3+/5. The 4/1/14 utilization review denied the requests for continuous passive motion, additional post-operative physical therapy, and platelet-rich plasma injections. The platelet-rich plasma injections were denied as these injections are under study and not recommended. The request for extended continuous passive motion device rental for 4 weeks was denied as range of motion was 0-110 degrees with no rationale for why an additional 4 weeks would be needed. Additional post-operative physical therapy was denied as there was no documentation as to how many visits had been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended Continuous Passive Motion (CPM) Device rental for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Knee & Leg (3/31/14). Continuous Passive Motion (CPM).

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, Continuous passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for this device in chronic knee conditions. The Official Disability Guidelines recommended the use of continuous passive motion devices for home use up to 17 days while the patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. Additional criteria include complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis, or physical, mental or behavioral inability to participate in active physical therapy. Guideline criteria have not been met. This patient was nearly two months status post-surgery at the time of the request. There was no documentation to support the medical necessity of continued continuous passive motion use over continued home exercise and participation in active physical therapy. Therefore, this request for extended continuous passive motion (CPM) device rental for 4 weeks is not medically necessary.

Additional Post Operative Physical Therapy left knee 2-3 times week for 6 weeks DOS: 3/20/14: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Knee & Leg (3/31/14). Articular cartilage disorder- chondral defects. Post-surgical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines Anterior cruciate ligament repair, page(s) 25 Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical therapy.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines do not provide guidance for revision medial patellofemoral ligament reconstruction. Guidelines suggest a general course of 24 post-operative visits over 16 weeks during the 6-month post-surgical treatment period for anterior cruciate ligament repair. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The Official Disability Guidelines provide additional guidance for abnormality of gait that recommends 16-52 visits, depending on the source of the problem. Guideline criteria

have been met. This request is for the second round of physical therapy, following the initial 12 visits. There is significant residual loss of range of motion and weakness documented by the physical therapist. The patient exhibits antalgic gait with weight avoidance. Therefore, this request for additional post operative physical therapy to left knee 2-3 times week for 6 weeks is medically necessary.

Platelet Rich Plasma injections, left knee 2 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Knee & Leg (updated 3/31/14), 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 and Leg, Platelet-rich plasma (PRP).

Decision rationale: The California MTUS do not provide recommendations for platelet-rich plasma (PRP) injections. The Official Disability Guidelines (ODG) indicate that PRP injections are under study. The ODG states that PRP looks promising in patients with very early arthritis under the age of 50, but there is no science behind it yet, despite the popularity among professional athletes for performance enhancement. The American Academy of Orthopedic Surgeons working group for PRP was unable to provide recommendations for the use in patients with degenerative joint disease based on insufficient evidence. There is no compelling reason to support the medical necessity of this request in the absence of evidence based medical guidelines support for this patient. Therefore, this request for platelet rich plasma injections x2 for the left knee is not medically necessary.