MAXIMUS Federal Services

Case Number:	CM14-0057296		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2013
Decision Date:	08/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/28/2014

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 and is licensed to practice in Texas and Ohio. 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 is a 64-year-old male with a reported injury on 04/01/2013. The mechanism of injury was described as the injured worker stepped out of his pickup truck and twisted his right hip. The clinical note dated 06/17/14, revealed that the injured worker complained of continuous pain to his right hip and thigh that radiated to the right knee. A physical examination of the injured worker's right knee revealed edema and discoloration below-the-knee. The remaining physical examination was negative for any significant abnormalities. It was reported that the injured worker had decreased muscle tone at the right knee. The sensory examination revealed sensory intact, firm, C2 to S2 bilaterally. The injured worker's active range of motion was within normal limits throughout. The injured worker's diagnoses included right hip tendinoligamentous injury, right hamstring tear at the hip, right knee tendinoligamentous injury, right knee medial meniscus tear, right internal derangement, insomnia and chronic pain. The prior requested platelet-rich plasma injection to the right hip, the rationale is not provided; physical therapy for the right hip to address the instability. The request for authorization was submitted on 04/28/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: The request for physical therapy 3x4, right hip is not medically necessary. Right lower extremity pain. The treating physician's rationale for physical therapy is for instability. The California MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed 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. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. Given the information provided, there is insufficient evidence to determine appropriateness of physical therapy to warrant medical necessities; as such, the request is not medically necessary.

PRP Injection (Right Hip): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- 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), Hip & Pelvis, Platelet-rich plasma (PRP).

Decision rationale: The request for a PRP injection, right hip was not medically necessary. The injured worker complained of right lower extremity pain. The treating physician's rationale for PRP injections was not provided within the clinical notes The Official Disability Guidelines (ODG) state that platelet-rich plasma injections to the hip is under study. For OA of the hip, this preliminary non-controlled prospective study supported the safety, tolerability and efficacy of PRP injections for pain relief and improved function in a limited number of patients. Little has been published regarding the use of platelet-rich plasma during total hip arthroplasty. This study concluded that the use of platelet-rich plasma does not appear to have a role in total hip arthroplasty. There is a lack of clinical studies performed thus far, demonstrating platelet-rich plasma as more effective than other modes of treatment. Moreover, there are reports of case studies with success, it is not known if the successes are better, or worse, than other standard treatments. The platelet-rich plasma is currently under study and is not recommended as medically necessary. As it is not supported by evidence as an effective treatment, therefore the request is not medically necessary.