

<b>Case Number:</b>	CM14-0071480		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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:

The injured worker is a 59-year-old female who was reportedly injured on October 29, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 26, 2014, indicates that there are ongoing complaints of continued pain at the left knee pes anserine bursa. The physical examination demonstrated tenderness at the pes bursa and quadriceps weakness. Range of motion of the left knee was from 0 to 100. A mild effusion was noted. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a bursectomy. A request was made for physical therapy with phonophoresis and a platelet rich plasma injection for the right knee and was not certified in the pre-authorization process on April 30, 2014.13689

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy w/phonophoresis; two times per week for six weeks (2x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Effective July 18,.

**Decision rationale:** A review of the medical records indicate that the injured employee has participated in 11 sessions of postoperative physical therapy. The California chronic pain medical treatment guidelines indicates 12 sessions of postoperative physical therapy for this condition followed by a transition to a home exercise program. This request is for an additional 12 visits, this request for physical therapy with phonophoresis twice a week for six weeks is not medically necessary.

**Platelet rich plasma injection to right 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 (ODG) FOR KNEE AND 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, Updated August 25, 2014.

**Decision rationale:** The use of platelet rich plasma is under study for use in the knee but only for patellar tendinopathy. There is no stated indication for the use of platelet rich plasma in a bursa. As such, this request for platelet rich plasma injection for the right pes bursa is not medically necessary.