

<b>Case Number:</b>	CM14-0204290		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Internal Medicine 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 patient is an injured worker with a history of low back and knee conditions. Mechanism is slip and fall, resulting in left knee and low back injuries. Date of injury was May 16, 2011. The agreed medical examination report dated October 7, 2014 documented a history of ligamentous low back sprain with L5 radiculopathy and contusion to left patella. A motor vehicle accident happened on December 19, 2012. She evidently hit her head against the interior of the car she was driving and suffered a subarachnoid hemorrhage and a frontal face laceration. She was hospitalized for a week and multiple scans were performed on her head and cervical spine during and after her stay at the hospital. No diagnostic was done to her lumbar spine. She had surgery to repair her frontal laceration. She was ordered to wear a cervical collar for a minimum of six more weeks after her discharge. Even though there were complaints of back pain in the hospital records. X-rays of lumbar spine dated May 16, 2011 was reported as normal. X-rays of the sacroiliac joints dated May 16, 2011 was reported as normal. MRI magnetic resonance imaging scan lumbar spine dated June 28, 2013 demonstrated 4 mm disc bulge L4-L5 and 3-4 mm L3-L4 and 4 mm L2-L3. X-rays of left knee dated May 16, 2011 was reported as normal. MRI magnetic resonance imaging scan of left knee dated June 18, 2013 demonstrated moderate to severe chondromalacia posterior margin medial femoral condyle compatible with prior osteochondritis or contusion, meniscal degeneration without evidence of meniscal tear, mild chondromalacia patella. The progress report dated October 14, 2014 documented neck pain and bilateral upper extremities symptoms. Patient has mid back pain. The patient has burning bilateral knee pain. Objective findings included tenderness to palpation at the occiput, trapezius, sternocleidomastoid and levator scapula muscles. There is tenderness with pain to palpation at the rhomboids and mid trapezius muscles. Palpable tenderness is noted at the lumbar paraspinals muscles, quadratus lumborum and over the lumbosacral junction. There is also sciatic notch

tenderness. There is decreased range of motion of the lumbar spine. Tripod sign right and left positive. Bilateral knee examination demonstrated tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint bilaterally. Crepitus is noted with the ranges of motion. Flexion right and left 110 degrees. Diagnoses were cervical spine sprain and strain, thoracic spine sprain and strain, lumbar spine sprain and strain, bilateral knee sprain and strain. The treatment plan included request for platelet-rich plasma (PRP) and acupuncture treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Platelet rich plasma therapy: 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), Work loss data institute, Knee & Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ACOEM 3rd Edition Bibliographic Source: Knee disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-503. Table 2. Summary of Recommendations for Managing Knee Disorders. <http://www.guideline.gov/content.aspx?id=36632> Work Loss Data

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cortisone injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques are not routinely indicated. ACOEM 3rd Edition does not recommend plasma rich platelet injections for knee disorders. Work Loss Data Institute guideline for the knee & leg (acute & chronic) indicates that platelet-rich plasma (PRP) is not recommended. Platelet-rich plasma (PRP) therapy for the knee was requested. Per ACOEM, invasive techniques are not routinely indicated. ACOEM 3rd Edition does not recommend plasma rich platelet injections. Work Loss Data Institute guideline indicates that platelet-rich plasma (PRP) is not recommended. Therefore, the request for platelet-rich plasma (PRP) for the knee is not supported by MTUS, ACOEM, and Work Loss Data Institute guidelines. Therefore, the request for Platelet rich plasma therapy is not medically necessary.

#### **18 sessions of acupuncture for lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. Medical records document the diagnosis of low back sprain with radiculopathy. Eighteen acupuncture treatments for the lumbar spine were requested. MTUS Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The request for 18 acupuncture treatments exceeds MTUS guideline recommendations and is not supported by MTUS guidelines. ACOEM guidelines indicate that acupuncture is not recommended. Therefore, the request for 18 sessions of acupuncture for lumbar spine is not medically necessary.