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| Case Number: | CM14-0207280 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 06/08/2005 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/30/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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 Rehab, has a subspecialty in Interventional spine 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 a 66 year old male with an injury date on 06/08/2005. Based on the 11/19/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. Disc disorder NEC / NOS cervical 2. Disc disorder NEC / NOS Lumbar 3. Shoulder region disorder NEC According to this report, the patient complains of bilateral knee pain, low back pain, neck pain, left shoulder pain, and head pain. Physical exam reveals an individual with a "guarding gait, limp forwarding left." Tenderness is noted the lumbar paraspinal muscles, left sciatic notch, left knee at the joint line. The treatment plan is to request for PRP Injection for the left knee and continue pool exercise. The 09/24/2014 report indicates range of motion of the left knee is decrease. Per 07/30/2014 report, the patient has swelling of the left knee and patella compression test is positive with limited range of motion. The patient's work status is "P&S." X-ray of the left knee on 08/11/2014 shows "degenerative change in the left knee joint, no significantly changed since 12/21/2011." There were no other significant findings noted on this report. The utilization review denied the request for PRP Injection for the left knee and unknown continued aquatic therapy 7 days a week on 11/30/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/01/2013 to 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP (Platelet rich plasma) Injection; to the left knee under ultrasound guidance Between 11/19/2014 and 01/24/2015: Overturned

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 (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter: Platelet-rich plasma (PRP)

Decision rationale: According to the 11/19/2014 report, this patient presents with bilateral knee pain, left great than right. The current request is for PRP (Platelet rich plasma) Injection; to the left knee under ultrasound guidance between 11/19/2014 and 01/24/2015. Regarding platelet-rich plasma injections, ODG guidelines state that it's under study and that there is some support for chronic, refractory tendinopathy and early osteoarthritis. In reviewing the provided reports, the patient's X-ray indicates "degenerative change in the left knee joint." The ODG guidelines state, "Platelet-rich plasma injections can benefit patients with cartilage degeneration and early osteoarthritis (OA) of the knee, according this RCT. In patients with minimal OA, platelet-rich plasma (PRP) works better than hyaluronic acid." The current request for PRP injection of the left knee is supported by ODG and is medically necessary.

Unknown continued aquatic therapy 7 days a week; for bilateral knee and lumbar spine Between 11/19/2014 and 01/24/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy; Physical Medicine; Pain Outcomes and Endpoints Page(s): 22, 98 and 99, 8.

Decision rationale: According to the 11/19/2014 report, this patient presents with bilateral knee pain, left great than right. The current request is for Unknown continued aquatic therapy 7 days a week; for bilateral knee and lumbar spine between 11/19/2014 and 01/24/2015. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. In reviewing the provided reports, the treating physician provided no therapy reports or patient's progress from prior aquatic therapy. Number of sessions completed and time frame of prior therapy is unknown. The treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. There is no discussion as to why the patient cannot tolerate land-based therapy. Furthermore, the treating physician does not indicate the number of sessions requested. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request is not medically necessary.