

Case Number:	CM15-0007477		
Date Assigned:	01/26/2015	Date of Injury:	11/22/2009
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 40 year old female who sustained an industrial injury on 11/22/2009. She has reported pain in the right knee and a history of prior partial medial meniscetomy. The diagnoses have included patellar tendonitis and chondromalacia left knee. Treatment to date has included a MRI of the knee on 11/10/2014 that showed no definite recurrent medial meniscal tear. There was thickening at the patellar tendon. The assessment was patellar tendonitis and chondromalacia. Currently, the IW complains of intermittent to frequent moderate right knee pain that is notable with hills, stairs, squatting and kneeling with prolonged sitting. Treatment includes a request for platelet rich plasma treatments intraarticular and at the patellar tendon. Physical therapy for the knee was also in the treatment plan. The IW is still working and on no medications. On 12/24/2014 Utilization Review non-certified a request for Right knee platelet rich plasma injection, noting the treatment guidelines show the use of platelet rich plasma injections to still be under study and since the treatment is still under study, the treating provider's request cannot be deemed medically indicated and is recommended for non-certification. The MTUS, ACOEM Guidelines, Chapter 13 Knee Complaints was cited. On 12/24/2014 Utilization Review also non-certified a request for Physical Therapy 8 visits (2x wk. x 4wks), noting the IW has likely undergone formal physical therapy in the past and has no progress notes provided to document the efficacy, utility or number of previous physical therapy treatments. It was felt the IW should be well versed in a home exercise program. The most recent objective physical examination findings did not document any significant functional deficit to support the medical necessity of additional formal physical therapy programs. Non-

MTUS, ACOEM Guidelines ODG Knee and Leg, was cited. On 01/13/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee platelet rich plasma injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-337, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg

Decision rationale: Right knee platelet rich plasma injection is not medically necessary per the ODG. After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. The ODG states that PRP for the knee is under study at this point. For these reasons this injection is not medically necessary.

Physical Therapy 8 visits (2x wk x 4wks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy 8 visits (2x wk x 4wks) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has already had prior knee therapy and should be well versed in a home exercise program. The exam findings reveal functional knee range of motion and no instability. The request for additional physical therapy is not medically necessary.