

Case Number:	CM15-0101907		
Date Assigned:	06/04/2015	Date of Injury:	04/01/2014
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on April 1, 2014. She reported low back pain, bilateral hip pain, bilateral knee pain and bilateral heel pain. The injured worker was diagnosed as having status post right knee surgery and right knee osteochondral lesion of the medial femoral condyle. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right knee, conservative care, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued low back pain, bilateral knee pain, bilateral hip pain and bilateral heel pain. She reported 30% of the pain was in the low back and 70% of the pain was in the bilateral lower extremities. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 19, 2015, revealed continued pain as noted with associated symptoms. Evaluation on May 14, 2015, revealed continued pain as noted. She reported good results with previous acupuncture. She reported a previous industrial injury involving the back however it was noted as resolved prior to the issue at hand. She reported difficulties with self-care and activities of daily living secondary to pain. She also noted sleep disruptions and increased pain with ambulation. Additional acupuncture and platelet rich plasma injections to the knee were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection, right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg chapter, Platelet Rich Plasma.

Decision rationale: The patient's date of injury is from 04/01/2014. She presents with low back, bilateral hip, bilateral knee and bilateral heel pain. The patient is status post right knee surgery from June 2014. The physician is requesting PLATELET RICH PLASMA INJECTION, RIGHT KNEE. The RFA dated 02/19/2015 shows a request for right knee platelet rich plasma injection. The patient is currently on modified duty. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Knee and Leg chapter on Platelet Rich Plasma states, "Under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma PRP injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed." No previous PRP injection was noted in the records. Per the 04/02/2015 report, the patient complains of ongoing pain, catching, locking and popping in her right knee. She reports increased difficulty with walking and occasional giving way of the right knee. Her pain increases with prolonged walking and driving. Exam shows limited range of motion of the right knee with pain. No other findings were noted. In this case, ODG guidelines states Platelet rich plasma injections are under study and improvement was found only in patients with chronic refractory patellar tendinopathy, which the physician does not document. This request IS NOT medically necessary.

Additional acupuncture x 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient's date of injury is from 04/01/2014. She presents with low back, bilateral hip, bilateral knee and bilateral heel pain. The patient is status post right knee surgery from June 2014. The physician is requesting ADDITIONAL ACUPUNCTURE X 6 SESSIONS. The RFA dated 02/19/2015 shows a request for additional 6 sessions of acupuncture. The patient is currently on modified duty. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For

additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. No acupuncture therapy reports were made available. However, the 01/08/2015 report notes that the patient has begun acupuncture therapy completing 4 of 6 approved sessions and has noted "some improvement in her ambulation with reduced limp but continues to have pain." The 04/02/2015 report shows that the patient continues to complain of right knee pain with increased difficulty walking. She has been using a cane for additional support. The pain increases with prolonged walking and driving. Range of motion of the right knee was limited due to pain. In this case, the patient reports benefit from this treatment modality including improvements in ambulation. Given documentation of functional improvement, additional treatment may be reasonable. The request IS medically necessary.