

<b>Case Number:</b>	CM15-0103836		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 33-year-old male who sustained an industrial injury on May 4, 2014. He has reported injury to the left knee and has been diagnosed with tear of medial cartilage or meniscus of knee, current. Treatment has included medical imaging surgery, physical therapy, injection, ice, and rest. Physical examination noted the left knee shows well healed arthroscopic portal. Range of motion was 0-90 degrees. Strength was noted to be 3/5. The right knee showed tenderness to palpation along the patellar tendon. Range of motion was 0-120 degrees. Strength was noted to be 4/5. The treatment request included an injection and 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP Injection for the 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 & leg (Acute & Chronic): 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 & Leg (Acute & Chronic) Platelet-rich plasma (PRP).

**Decision rationale:** The injured worker sustained a work related injury on May 4, 2014. The medical records provided indicate the diagnosis of tear of medial cartilage or meniscus of knee, current. Treatment has included medical imaging surgery, physical therapy, injection, ice, and rest. The medical records provided for review do not indicate a medical necessity for PRP Injection for the right knee. The MTUS is silent on it, but the Official Disability Guidelines states that Platelet-rich plasma (PRP) is under study. The request is not medically necessary.

**12 sessions of Physical Therapy for the left knee:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on May 4, 2014. The medical records provided indicate the diagnosis of tear of medial cartilage or meniscus of knee, current. Treatment has included medical imaging, surgery, physical therapy, injection, ice, and rest. The medical records provided for review do not indicate a medical necessity for 12 sessions of Physical Therapy for the left knee. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), for a total of 10 visits, plus active self-directed home Physical Medicine. The request is not medically necessary.