

<b>Case Number:</b>	CM15-0130827		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/14/1997
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 53 year old female who sustained an industrial injury on 04/14/1997. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having right knee patellofemoral arthritis and left knee patellar tendonitis. Treatment to date has included medications. MRI of the right right and left knee were done 06/08/2015. Currently, the injured worker complains of pain in both knees. She has full range of motion of her lumbar spine in forward flexion, extension and lateral rotation. She has full range of motion in bilateral hips and knees. There was tenderness to the lateral aspect of the right knee as well as over the patellar tendon on the left knee. Patellofemoral crepitus was present in the right but not the left. Sensation was normal throughout with good distal perfusion. The treatment plan is for physical therapy as well as hyaluronic acid for the right knee and plasma rich protein for the left knee. A request for authorization is made for the following: 1. 12 sessions of physical therapy for the right knee. 2. Ultrasound guided Monovisc injection to the right knee, 3. Ultrasound guided plasma rich platelet injection to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.

**Ultrasound guided monovisc injection to 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 (ODG), Knee & Leg, Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hyaluronic acid injections.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that hyaluronic acid injection are indicated in the treatment of moderate to severe osteoarthritis of the knee in patients who have failed conservative therapy. It is not indicated for the diagnosis of patellofemoral arthritis which the patient has per documentation. Therefore the request is not medically necessary.

**Ultrasound guided plasma rich platelet injection to the left 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, Platelet-rich plasma, Ultrasound, diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PRP injections.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that plasma rich platelet injections (PRP) are under study. They may have some indication post-surgery for large meniscal tears and in patellofemoral tendinopathy. It is generally performed however without ultrasound guidance. The provided clinical documentation does not show any unusual abnormalities on the physical exam of the knee which would require ultrasound guidance. Therefore the request is not medically necessary.