

Case Number:	CM15-0163002		
Date Assigned:	08/31/2015	Date of Injury:	05/13/2014
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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, California
 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:

This is a 41 year old female patient, who sustained an industrial injury on May 13, 2014. The diagnoses include cervical strain (rule out disc herniation), lumbar strain (rule out disc herniation), right knee injury, right wrist triangular fibrocartilage complex injury and NSAIDs induced gastritis. Per the doctor's note dated 7/13/2015, she had complains of constant neck pain rated at 7 on 10, low back pain rated at 8 on 10 and right wrist pain rated at 6 on 10. The physical examination revealed cervical spine- tenderness and full active range of motion; right wrist- tenderness over the volar compartment and full active range of motion; lumbar spine- tenderness and limited flexion. Per the note dated 6/10/15, physical examination of the right knee revealed positive Mc Murray test and tenderness over the medial portion of the knee. The medications list includes tylenol#3, kera tek gel, metamucil, anaprox, ultram, lidoderm patch and prilosec. Per the progress note dated May 13, 2015 she experienced a reduction in pain from therapy and medication. Per the note dated 3/19/2015, she has had 12 physical therapy visits. She had completed additional course of physical therapy visits in April 2015. The following, PRP injection of the right knee and physical therapy (two time four visits) for the cervical spine, right upper extremity and right knee are requested to decrease pain and improve function and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP Injection of 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Platelet-rich plasma (PRP).

Decision rationale: PRP Injection of the Right Knee. Per the cited guidelines, regarding platelet rich plasma injection recommended for limited, highly specific indications. These include significantly symptomatic osteoarthritis or refractory patella tendinosis, as indicated below. There is still a need for further basic-science investigation as well as longer-term randomized controlled trials to identify the benefits and adverse effects that may be associated with the use of PRP. Further clarification of indications and time frames are also needed. After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. (Cohen, 2012) There is limited reliable clinical evidence to guide the use of PRP. (Hsu, 2013) Also see Elbow Chapter. There is still no sufficient high grade scientific evidence to support platelet rich plasma injection for this diagnosis. Failure of conservative therapy including physical therapy and pharmacotherapy for the right knee is not specified in the records provided. The medical necessity of PRP Injection of the Right Knee is not fully established for this patient at this juncture.

Physical Therapy 2x4 Visits for the Cervical Spine, Right Upper Extremity, and Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Therapy 2x4 Visits for the Cervical Spine, Right Upper Extremity, and Right Knee. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the note dated 3/19/2015, she has had 12 physical therapy visits. She had completed an additional course of physical therapy visits in April 2015. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 2x4 Visits for the Cervical Spine, Right Upper Extremity, and Right Knee is not established for this patient at this time.