

<b>Case Number:</b>	CM15-0192566		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, Florida, California

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 46 year old male, who sustained an industrial injury on 11-1-10. The injured worker was diagnosed as having hip labral tear. Treatment to date has included physical therapy; status post femoroplasty (1-20-15); medications. Currently, the PR-2 notes dated 8-10-15 indicated the injured worker complains of right hip pain. The provider notes, "It occurs occasionally. Location of pain is right anterior hip, lateral hip, and posterior hip. There is radiation of pain to the right thigh. Active movement aggravates symptom. Relieving factors include ice and mobility. He is experiencing stiffness, tenderness and weakness." The injured worker is a status post right hip arthroscopy, labral debridement, labral repair, acetabuloplasty; femoroplasty; chondroplasty acetabulum and femoral head of 1-20-15. The provider documents "Slight improvement but the right hip remains sore and was aggravated a dew times patient attempted to jog on a treadmill. He denies pain with walking but will develop an achy soreness to the hip if he walks longer than an hour. Pain feels similar to the pain felt prior to surgery." The provider documents a physical examination "Active range of motion - left hip extension 15 degrees, flexion 120 degrees, external rotation 40 degrees, internal rotation 30 degrees, abduction 35 degrees, adduction 25 degrees, factors: normal, description: active pain free range of motion. Passive range of motion-flexion: 120 degrees, external notation 30 degrees, abduction 35 degrees. Factors normal: description: passive pain free range of motion." His Right hip range of motion is relatively the same. The provider's treatment plan includes a request for PRP injection right hip due to continued chronic achy pain and only obtained transient relief with cortisone injection. Patient's symptoms are consistent with likely early chondral degeneration.

PRP has been shown to be more effective than cortisone for mild arthritis. The patient has the following tests completed on this date- X-ray of hips pelvis right." These x-ray results- impressions were not documented on this date to confirm arthritis. Physical therapy note dated 3-9-15 indicated that was the 13th visit for post-operative physical therapy. A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 8-31-15 and non-certification for Physical Therapy, six sessions for the right hip and One PRP (Platelet-rich Plasma) injection for the right hip. A request for authorization has been received for Physical Therapy, six sessions for the right hip and One PRP (Platelet-rich Plasma) injection for the right hip.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy, six sessions for the right hip: 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) Hip & Pelvis (Acute & Chronic) Physical Medicine treatment, 2015.

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

**Decision rationale:** In this case, the injury was five years ago. The hip pain is reported to be only occasional, per the records. There had been past therapy; but there is no status on the independent home program as the primary means now to provide for rehabilitative needs, as suggested under MTUS. The reason for these care requests are for chronic achy pain. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately non-certified. Therefore, the requested treatment is not medically necessary.

#### **One PRP (Platelet-rich Plasma) injection for the right hip: 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) Hip & Pelvis (Acute & Chronic) Platelet-rich Plasma (PRP) 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip, Knee, Shoulder and Back, regarding Platelet Rich Plasma.

**Decision rationale:** As shared earlier, In this case, the injury was five years ago. The hip pain is only occasional, per the records. There had been past therapy; there is no status on the independent home program as the primary means now to provide for rehabilitative needs. The reason for these care requests are for chronic achy pain in the hip. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding Platelet-rich plasma (PRP): "Not recommended. PRP looks promising, but it was not yet ready for prime time. PRP had become popular among professional athletes because it promises to enhance performance, but there was no science behind it yet. In a blinded, prospective, randomized trial of PRP vs. placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. The only thing that was significantly different was the time it took to do the repair; it was longer if you put PRP in the joint. There were also no differences in residual defects on MRI. (AAOS, 2010)" Given the evidence-based information, the request is not clinically certified. Therefore, the requested treatment is not medically necessary.