

<b>Case Number:</b>	CM15-0193390		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 70 year old female, who sustained an industrial injury on 2-7-12. The injured worker was diagnosed as having right knee osteoarthritis. Medical records (3-20-15 through 7-17-15) indicated continued right knee pain that is causing pain in the right hip. The injured worker noted that physical therapy is helping with right knee pain. The physical exam (6-5-15 through 7-17-15) revealed positive crepitus and medial joint line tenderness. As of the PR2 dated 9-4-15, the treating physician noted positive crepitus in the right knee, an antalgic gait and range of motion 0-100 degrees. Treatment to date has included right knee physical therapy (from 3-20-15 through 8-13-15). The treating physician requested physical therapy 2 x weekly for 6 weeks for the right knee and platelet rich plasma injection once weekly for 3 weeks for the right knee. The Utilization Review dated 9-15-15, non-certified the request for physical therapy 2 x weekly for 6 weeks for the right knee and platelet rich plasma injection once weekly for 3 weeks for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week from six weeks to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right knee medial meniscal tear and osteoarthritis. Date of injury is February 7, 2012. Request authorization is September 8, 2015. According to a September 4, 2015 progress note, the injured worker is status post right hip iliopsoas bursa injection. The remainder of the subjective note is illegible. Objectively, there is positive LFC TTP with lateral joint line tenderness. There is positive crepitus with range of motion 0 to 100. The documentation shows the injured worker received prior physical therapy from 2012 to 2014. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy (12 sessions) is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions from 2012 through 2014, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy two times per week from six weeks to the right knee is not medically necessary.

**Platelet rich plasma (PRP) injection 1/wk x 3 weeks 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 (ODG), Knee & Leg - 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 section, Platelet rich plasma (PRP) injection.

**Decision rationale:** Pursuant to the Official Disability Guidelines, platelet rich plasma injection one time per week times three weeks to the right knee is not medically necessary. The guidelines state platelet rich plasma PRP is under study. The small study found a statistically significant improvement in all scores at the end of multiple platelet rich plasma injections in patients with chronic refractory patellar tendinopathy and a further improvement at six months, after physical therapy was added. In this case, , the injured worker's working diagnoses are right knee medial meniscal tear and osteoarthritis. Date of injury is February 7, 2012. Request authorization is September 8, 2015. According to a September 4, 2015 progress note, the injured worker is status

post right hip iliopsoas bursa injection. The remainder of the subjective note is illegible. Objectively, there is positive LFC TTP with lateral joint line tenderness. There is positive crepitus with range of motion 0 to 100. The documentation shows the injured worker received prior physical therapy from 2012 to 2014. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy (12 sessions) is clinically indicated. The guidelines state platelet rich plasma PRP is under study. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for platelet rich plasma, platelet rich plasma injection one time per week times three weeks to the right knee is not medically necessary.