

Case Number:	CM15-0204239		
Date Assigned:	10/21/2015	Date of Injury:	04/04/2013
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/18/2015

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, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 4, 2013. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for a platelet-rich plasma injection to the left knee and home-inversion table plus recumbent bike. The claims administrator referenced a September 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 16, 2015, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of low back and knee pain. A platelet-rich plasma injection was sought. The attending provider also appealed the previously denied home inversion table plus recumbent bike. A viscosupplementation injection was also sought. The platelet-rich plasma injection was apparently performed on this date, despite the adverse Utilization Review determination. On September 14, 2015, the applicant was again placed off of work, on total temporary disability. A recumbent bike and inversion table were sought to address the applicant's knee and back pain complaints. Topical Terocin patches were endorsed. Lumbar trigger point injections were sought. A platelet-rich plasma injection for the knee was sought. The applicant had undergone an earlier knee arthroscopy in 2013, shoulder rotator cuff repair procedure, and two elbow surgeries, the treating provider reported. The applicant's medications included tramadol, Norco, Motrin, and oral diclofenac, the treating provider reported. The note was somewhat difficult to follow as it mingled historical issues with current issues. The attending provider reporting that the applicant's smoking status was internally incongruous. The applicant's BMI was 27. The applicant's gait was not clearly described or

characterized. The attending provider contended that the recumbent bike and inverse table would facilitate performance of home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient platelet-rich plasma (PRP) 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 (ODG), Platelet- rich plasma (PRP) injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 937 Recommendation: Platelet Rich Plasma or Autologous Blood Injections for Treatment of Patellar Tendinopathy. There is no recommendation for or against the use of injections with platelet rich plasma or autologous blood for treatment of patellar tendinopathy. Strength of Evidence: No Recommendation, Insufficient Evidence (I).

Decision rationale: No, the request for a platelet-rich plasma injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The Third Edition ACOEM Guidelines Knee Disorders Chapter notes that there is no recommendation for or against usage of platelet-rich plasma injections in the treatment of patellar tendinopathy. Here, the attending provider failed to furnish a clear or compelling rationale for selection of platelet-rich plasma therapy for the knee in the face of the tepid ACOEM position on the same. The attending provider also stated on September 14, 2015 that the applicant had undergone patellofemoral arthroplasty some four and half months prior. The attending provider failed to furnish a clear or compelling rationale for pursuit of platelet-rich plasma injection therapy for the operating diagnosis here, i.e., residual knee pain status post earlier left knee patellofemoral arthroplasty surgery. Therefore, the request is not medically necessary.

Purchase of home inversion table and recumbent bike: 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), Exercise.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Similarly, the request for purchase of a home inversion table (AKA traction device) was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 notes that traction, i.e., the modality at issue is deemed "not recommended" in the evaluation and management of the applicant's with the low back pain complaints, as were/are present here. The attending provider failed to furnish a clear compelling rationale for selection of traction in the face of the unfavorable positions on the same set forth both on page 308 of the ACOEM Practice Guidelines and on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that passive modalities such as the inversion table (traction device) should be employed "sparingly" during the chronic pain phase of treatment. Thus, the inversion table (traction)

component of the request was not indicated here. While page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home exercise can include exercise with and without mechanical assistance or function activities with assistive devices such as the recumbent bike at issue here, the attending provider's progress note of September 14, 2015 failed to set forth a clear or compelling case for provision of the recumbent bike. There was no mention of the applicant being unable to or incapable of performing home exercises without the recumbent bike at issue. Therefore, the request is not medically necessary.