

Case Number:	CM14-0163409		
Date Assigned:	10/08/2014	Date of Injury:	11/05/2013
Decision Date:	11/04/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in Indiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a 55 year old female with date of injury of 11/5/2013. A review of the medical records indicate that the patient is undergoing treatment for chronic right knee and left ankle and left shoulder strain and sprain. Subjective complaints include continued pain in her right knee with pain upon weight-bearing; pain her left ankle and left shoulder with radiation down to her left wrist. Objective findings include decreased range of motion of the right knee with pain upon palpation of the anterior aspect of the patella; decreased range of motion of the left ankle with pain upon weight bearing; limited range of motion of the left shoulder with pain upon palpation of the rotator cuff; MRI of the right knee showing torn middle meniscus. Treatment has included 16 sessions of physical therapy, acupuncture, and platelet rich plasma. The utilization review dated 9/4/2014 non-certified platelet rich plasma injection and physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-rich plasma injection, 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 and 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) Elbow, Platelet-rich plasma (PRP)

Decision rationale: The MTUS is silent on Platelet Rich Plasma (PRP) injections, but according to the ODG, "Recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises, based on recent research below." The medical documentation does not show that any form of first-line therapy have been tried and failed. ODG additionally writes, "This small pilot study found that 15 patients with chronic elbow tendinosis treated with buffered platelet-rich plasma (PRP) showed an 81% improvement in their visual analog pain scores after six months, and concluded that PRP should be considered before surgical intervention. Further evaluation of this novel treatment is warranted." Therefore, PRP injection of the right tennis elbow is not medically necessary.

Additional physical therapy, 12 sessions, frequency unspecified, left ankle, right knee and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Ankle and Foot, Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG reports limited positive evidence to support physical therapy for knee complaints. ODG specifies, "it is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (e.g., joint range-of-motion and weight-bearing limitations, and concurrent illnesses)... A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion." Additionally, ODG quantifies the number of sessions for Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks MTUS guidelines further state, ""Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section." The patient has received 16 total physical therapy session post knee surgery over the course of at least 6 months. The request for an additional 12 sessions of physical therapy is in excess of guidelines. Progress notes

insufficiently detail objective findings of the knee correlating to her physical therapy sessions. Additionally, no physical therapy notes document the patient's progress, which is necessary for the treating physician to make any medical care adjustments. As such, the request for 12 sessions of physical therapy is not medically necessary.