

Case Number:	CM15-0110649		
Date Assigned:	06/17/2015	Date of Injury:	06/12/2014
Decision Date:	08/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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

Certification(s)/Specialty: Emergency 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 53 year old male, who sustained an industrial injury on June 12, 2014. The mechanism of injury was cumulative trauma while working as a police officer. The injured worker has been treated for back, left shoulder, wrist and knee complaints. The diagnoses have included left shoulder partial rotator cuff tear, left shoulder subacromial impingement, right knee lateral medial meniscus tear, left knee osteoarthritis and pain, lumbar degenerative disc disease, lumbar bulging disc and annular tear, bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. Treatment to date has included medications, radiological studies, MRI, wrist braces, knee braces, physical therapy and a home exercise program. Current documentation dated April 27, 2015 notes that the injured worker reported left shoulder, bilateral knee, bilateral wrist/hand and low back pain. The injured worker also noted weakness, a decreased grip and numbness and tingling in his hands which is worse at night. Examination of the knees revealed tenderness, crepitus and a decreased and painful range of motion. The treating physician's plan of care included a request for one platelet-rich plasma injection to the left knee, physical therapy sessions to the left knee # 12, Ultram 50 mg # 90 and Diclofenac 75 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma 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: Knee & Leg (Acute & Chronic) - 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 & Leg (Acute & Chronic), Platelet-rich plasma (PRP).

Decision rationale: The requested Platelet rich plasma injection to the Left Knee, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg (Acute & Chronic), Platelet-rich plasma (PRP), note: "ODG Criteria for Platelet-rich plasma (PRP) intra-articular injection: (1) Significantly symptomatic osteoarthritis: (a) Not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 6 months; & (b) Documented symptomatic mild-moderate (not advanced) osteoarthritis of the knee; & (c) Under 50 years of age; & (d) Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; & (e) Failure to adequately respond to aspiration and injection of intra-articular steroids; & (f) Generally performed without fluoroscopic or ultrasound guidance; & (g) Single injection highly concentrated WBC-poor (filtered); & (h) Maximum once yearly if previous injection documented significant relief for over 6 months; OR(2) Refractory patella tendinosis: (a) Not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 12 months; & (b) Single injection, not multiple." The injured worker has left shoulder, bilateral knee, bilateral wrist/hand and low back pain. The injured worker also noted weakness, a decreased grip and numbness and tingling in his hands which is worse at night. Examination of the knees revealed tenderness, crepitus and a decreased and painful range of motion. The treating physician has not documented the above-referenced criteria. The criteria noted above not having been met, Platelet rich plasma injection to the Left Knee is not medically necessary.

Physical Therapy, Left Knee, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested Physical Therapy, Left Knee, 12 sessions, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has left shoulder, bilateral knee, bilateral wrist/hand and low back pain. The injured worker also noted weakness, a decreased grip and numbness and tingling in his hands which is worse at night. Examination of the knees revealed

tenderness, crepitus and a decreased and painful range of motion. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy, Left Knee, 12 sessions is not medically necessary.

Ultram 50 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol Page(s): 78-82, 113.

Decision rationale: The requested Ultram 50 mg Qty 90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left shoulder, bilateral knee, bilateral wrist/hand and low back pain. The injured worker also noted weakness, a decreased grip and numbness and tingling in his hands which is worse at night. Examination of the knees revealed tenderness, crepitus and a decreased and painful range of motion. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultram 50 mg Qty 90 is not medically necessary.

Diclofenac 75 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren); Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Diclofenac 75 mg Qty 60 is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has left shoulder, bilateral knee, bilateral wrist/hand and low back pain. The injured worker also

noted weakness, a decreased grip and numbness and tingling in his hands which is worse at night. Examination of the knees revealed tenderness, crepitus and a decreased and painful range of motion. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Diclofenac 75 mg Qty 60 is not medically necessary.