

<b>Case Number:</b>	CM15-0124308		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 33 year old male, who sustained an industrial injury on 5/4/14. The injured worker has complaints of left knee achiness, stiffness and pain as well as deficits in his strength. The documentation noted that the injured worker had right knee has severe pain on any sort of activity. Left knee examination showed well-healed arthroscopic portals, range of motion is 0 to 100 degrees and strength is noted to be 4/5. Right knee examination showed tenderness to palpation along the patellar tendon, range of motion is 0 to 120 degrees and strength is noted to be 4/5. The diagnoses have included tear of medial cartilage or meniscus of knee, current. Treatment to date has included left knee arthroscopy on 2/27/15; right knee magnetic resonance imaging (MRI) on 6/14/14 showed evidence of proximal patellar tendinitis; magnetic resonance imaging (MRI) of the left knee on 6/14/14 showed left knee medial meniscal tear and lateral meniscal tear; kenolog injections to the right knee; rest; ice; anti-inflammatories and analgesics. The request was for twelve (12) physical therapy sessions for the right knee; twelve (12) sessions of work conditioning for the left knee and one (1) platelet rich plasma (PRP) injection for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in May 2014 and underwent arthroscopic surgery in February 2015 wear a partial meniscectomy was performed. The claimant's injury was sustained while working as a police officer. He had 18 postoperative physical therapy treatments. When seen, he was having ongoing aching, stiffness, and pain with decreased strength. An MRI was reviewed showing findings of a teller tendinitis. Physical examination findings included decreased range of motion and strength. There was patellar tendon tenderness. Authorization for additional physical therapy, work conditioning, and a PRP injection were requested. Post surgical treatment after the knee arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant has already had post-operative physical therapy in excess of that recommended including instruction in a home exercise program. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.

**Twelve (12) sessions of work conditioning for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** The claimant sustained a work injury in May 2014 and underwent arthroscopic surgery in February 2015 wear a partial meniscectomy was performed. The claimant's injury was sustained while working as a police officer. He had 18 postoperative physical therapy treatments. When seen, he was having ongoing aching, stiffness, and pain with decreased strength. An MRI was reviewed showing findings of a teller tendinitis. Physical examination findings included decreased range of motion and strength. There was patellar tendon tenderness. Authorization for additional physical therapy, work conditioning, and a PRP injection were requested. The purpose of work conditioning is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, although work conditioning may be appropriate for this claimant,

it is being requested two times per week for six weeks. This would not be an effective means of preparing the claimant to return to work and therefore, is not medically necessary.

**One (1) platelet-rich plasma (PRP) injection 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), 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 claimant sustained a work injury in May 2014 and underwent arthroscopic surgery in February 2015 wear a partial meniscectomy was performed. The claimant's injury was sustained while working as a police officer. He had 18 postoperative physical therapy treatments. When seen, he was having ongoing aching, stiffness, and pain with decreased strength. An MRI was reviewed showing findings of a teller tendinitis. Physical examination findings included decreased range of motion and strength. There was patellar tendon tenderness. Authorization for additional physical therapy, work conditioning, and a PRP injection were requested. Platelet-rich plasma (PRP) injections are still under study. A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients. In this case, the claimant does not have a diagnosis of osteoarthritis. The requested injection is still considered experimental / investigational and is not medically necessary.