

<b>Case Number:</b>	CM15-0167844		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 44 year old male, who sustained an industrial injury on March 19, 2014. The injured worker was diagnosed as having left knee patellofemoral chondromalacia, left foot Morton's neuroma and keratoma status post excision, left shoulder superior labrum tear with paralabral cyst, and left shoulder long head of the biceps tendonitis and irritation . Treatment and diagnostic studies to date has included medication regimen, x-rays of the left knee, magnetic resonance imaging of the left foot, above noted procedure, physical therapy to the left shoulder, chiropractic therapy, home exercise program, orthotics, and magnetic resonance imaging of the left knee. In a progress note dated July 29, 2015 the treating physician reports complaints of constant pain to the left shoulder, the left knee, and the left foot. Examination performed on July 29, 2015 was revealing for decreased range of motion to the left shoulder, tenderness to the biceps tendon and acromioclavicular joints, positive Apprehension, Speed, Yergason's, Neer's Impingement, and Hawkin's Impingement testing, decreased range of motion to the left knee, positive patellofemoral grind testing, and tenderness to the bilateral ankles over the left foot dorsally. On July 29, 2015, the injured worker's medication regimen included Norco (since at least June 2015). On July 29, 2015 the injured worker's pain level was rated 7 out of 10 that was noted to decrease to a 2 to 3 with the use of Norco. An Orthopedic Agreed Medical Evaluation performed on June 01, 2015 noted that the injured worker attended three sessions of prior physical therapy to the left shoulder that the evaluating physician noted, "did not help". The progress report from June 03, 2015 noted prior use of a topical keratolytic cream to the keratosis that was "partially relieved". On July 29, 2015, the treating physician requested one left knee

sleeve, Kera-Tek gel 40oz., one platelet rich plasma injection for left knee, and twelve sessions for physical therapy to the left knee, but the progress note did not indicate the specific reasons for the requested treatments. On August 11, 2015, the Utilization Review determined the requests for one left knee sleeve, Kera-Tek gel 40oz., and one platelet rich plasma injection for the left knee to be non-certified. On August 11, 2015 the Utilization Review determined the requested for twelve sessions of physical therapy to the left knee to be modified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 physical therapy sessions, left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical medicine.

**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/Physical medicine treatment.

**Decision rationale:** The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks. Post-surgical (ACL repair): 24 visits over 16 weeks. Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks. Post-surgical: 12 visits over 12 weeks. Articular cartilage disorder - chondral defects (ICD9 718.0) Medical treatment: 9 visits over 8 weeks. Post-surgical (Chondroplasty, Microfracture, OATS): 12 visits over 12 weeks. Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks. 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. Abnormality of gait (ICD9 781.2): 16-52 visits over 8-16 weeks (Depends on source of problem) Fracture of neck of femur (ICD9 820): Medical treatment: 18 visits over 8 weeks. Post-surgical treatment: 24 visits over 10 weeks. Fracture of other and unspecified parts of femur (ICD9 821): Post-surgical: 30 visits over 12 weeks. Fracture of patella (ICD9 822): Medical treatment: 10 visits over 8 weeks. Post-surgical (closed): 10 visits over 8 weeks. Post-surgical treatment (ORIF): 30 visits over 12 weeks. Fracture of tibia and fibula (ICD9 823) Medical treatment: 12-18 visits over 8 weeks. Post-surgical treatment (ORIF): 30 visits over 12 weeks. Amputation of leg (ICD9 897): Post-replantation surgery: 48 visits over 26 weeks. Quadriceps tendon rupture (ICD9 727.65). Post-surgical treatment: 34 visits over 16 weeks. Patellar tendon rupture (ICD9 727.66). Post-surgical treatment: 34 visits over 16 weeks. Work conditioning. See Work conditioning, work hardening. As stated above, the number of requested treatments is not supported by the guidelines. As such, the request is not medically necessary

## **1 left knee sleeve: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg/Knee brace.

**Decision rationale:** The request is for a knee brace. The ODG guidelines state the following regarding this topic: Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair. 5. Avascular necrosis. 6. Meniscal cartilage repair. 7. Painful failed total knee arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis. 10. Tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb. b. Varus [bow-legged] limb. c. Tibial varum. d. Disproportionate thigh and calf (e.g., large thigh and small calf) e. Minimal muscle mass on which to suspend a brace. 2. Skin changes, such as: a. Excessive redundant soft skin. b. Thin skin with risk of breakdown (e.g., chronic steroid use). 3. Severe osteoarthritis (grade III or IV). 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain) 5. Severe instability as noted on physical examination of knee. In this case, there is inadequate documentation of a qualifying condition for a knee brace. The records do not reflect severe instability, which would place the patient at risk for falls. Pending receipt of the reasoning why this is necessary, the request is not medically necessary.

## **Kera-tek gel 40oz: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients, which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the use of menthol is not indicated for use for the patient's condition. This is secondary to poor clinical evidence of efficacy. As such, the request is not medically necessary.

## **1 platelet rich plasma injection for 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.

**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/Platelet-rich plasma (PRP).

**Decision rationale:** The request is for the use of platelet-rich plasma to aid in pain relief. The official disability guidelines state the following regarding this topic: 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. In this case, this treatment is not advised for the patient's condition based the guidelines. This is secondary to a lack of a diagnosis documented, which would support its use, such as significantly symptomatic osteoarthritis with failure to respond to intra-articular steroids or refractory patella tendinosis. As such, the request is not medically necessary.