

<b>Case Number:</b>	CM15-0039253		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/31/1988
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 69 year old female, who sustained an industrial injury on December 31, 1986. She reported a continuous trauma injury. The injured worker was diagnosed as having osteoarthritis of the bilateral knees, bilateral carpal tunnel syndrome and chronic internal derangement of the left knee. The past surgery history is significant for left knee meniscectomy. There are associated diagnoses of depression and anxiety disorder. Treatment to date has included aqua therapy and medications. On 11/19/2014, the knee pain was note to be significantly worse. The IW was noted to be crying, emotional and possibly suicidal. She was advised to follow up with the psychiatrist. Currently, the injured worker complains of pain in the upper and lower extremities especially the left knee. The IW was not able to perform ADL because of the worsening knee pain. She had declined surgery because she was afraid to proceed with the recommended left knee surgery. The medications listed are Hydrocodone, Voltaren, Prilosec, Prozac and Clonazepam. A Utilization Review determination was rendered recommending non certification for PRP injection X3 to the left knee, water therapy x18 and Home attendant 8 hours per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP injection of the left knee, quantity of three:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee and Leg.

**Decision rationale:** The CA MTUS and the ODG recommend that interventional pain injections can be utilized for the treatment of joint pain when conservative treatments with medications and PT have failed. The records indicate that the patient have failed conservative treatment with medications and PT. The knee pain was noted to have gotten progressively worse that the ADL is severely limited. The patient is trying to avoid or delay surgery. The current ODG update noted that Platelet Rich Plasma (PRP) can promote healing and regeneration of refractory knee tendinosis and arthritis. The criteria for PRP injections of the left knee x3 was met.

**Eighteen sessions of water therapy for the:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98 - 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee and Leg.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Aquatic therapy can be beneficial for patients who cannot perform land based exercise because of worsening of the pain from the effect of gravity. The records indicate that the patient is currently experiencing severe exacerbation of pain that had caused decrease in ADL and physical function. The knee pain is noted to increase with prolonged standing. The criteria for Aquatic exercise X 18 was met.

**Home attendant eight hours per week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1 Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Home Help services.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Home Health attendants cannot be utilized solely for domestic housework that is not a component of the health care services. The records indicate that the desired services are domestic / housework such as cooking, house cleaning and shopping because the patient lives alone. It was noted that the ADL improved significantly when the patient is compliant with psychiatric and medical treatment. The

incorporation of the aquatic therapy and knee injections with the current medications management will result in reduction of pain, increase in range of motion and functional restoration thereby enabling the patient to perform ADL. The criteria for home attendant 8 hours per week was not met.