MAXIMUS Federal Services

Case Number:	CM15-0097235		
Date Assigned:	05/29/2015	Date of Injury:	10/20/2013
Decision Date:	10/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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 50 year old female, who sustained an industrial injury on 10-20-2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include bilateral shoulder sprain strain, rule out derangement, bilateral elbow sprain strain, rule out derangement, and left knee sprain strain rule out derangement. Treatments to date include topical compound creams, medication therapy, and shockwave treatments. Currently, she complained of pain in bilateral shoulders, elbows, and left knee associated with muscle spasms, weakness, numbness and tingling. On 4-9-15, the physical examination documented tenderness, muscle spasms and decreased range of motion in the shoulders and elbows. There was decreased sensation in bilateral upper extremities notes. The left knee was tender and demonstrated decreased range of motion. The plan of care included platelet rich plasma (PRP) treatment for the left knee, physical therapy for the left knee, MRI of the left elbow, PRP treatment of bilateral elbows, acupuncture treatments, physical therapy for bilateral upper extremities, MRI of the left knee and MRI of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-rich plasma (PRP) treatment - 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg, Platelet-rich plasma (PRP).

Decision rationale: The request is for left knee platelet-rich plasma injection. Currently under research there is a need for further basic-science and randomized, controlled trials to clearly establish a benefit before PRP can be reliably recommended. There is no clear documentation to support an alternative treatment at this time. The request is of unclear medical benefit, and therefore is not medically necessary.

Physical therapy - left knee, 18 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The request is for physical therapy. Physical therapy, or active therapy, is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. The injured worker is instructed and is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. While physical therapy is well supported in treatment, the request as written currently exceeds the duration of initial treatment recommended by the MTUS guidelines, and therefore is not medically necessary.

MRI - left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria, Summary.

Decision rationale: The request is for MRI of the left elbow. While lack of improvement after 1 month may suggest the utility of an MRI, per records available for review, it appears the injured worker has previously had a MRI of the left elbow. There is no clear documentation of further trauma or red flag findings that would necessitate repeat MRI. Therefore, the request is not medically necessary based upon information available for review.

Platelet-rich plasma (PRP) treatment - bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Platelet-rich plasma (PRP).

Decision rationale: The request is for platelet-rich plasma treatment to bilateral elbows. There are no quality studies of autologous blood injections for lateral epicondylalgia. Quality studies are not available on autologous blood injections and there is no evidence of its benefits. This option while low cost, is invasive and has side effects. Thus, autologous blood injections are not recommended. Therefore, the request is not medically necessary.

Acupuncture - 18 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The request is for acupuncture. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The typical duration of treatment to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, which requires either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The request as written exceeds the recommended duration of initial treatment. Therefore, the request is not medically necessary.

Physical therapy - bilateral upper extremities, 18 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic), Updated 2/5/15, Online Version, Physical medicine treatments and Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The request is for physical therapy. Physical therapy, or active therapy, is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. The injured worker is instructed and is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. While physical therapy is well supported in treatment, the request as written currently exceeds the duration of initial treatment recommended by the MTUS guidelines, and therefore is not medically necessary.

MRI - 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.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Diagnostic Criteria.

Decision rationale: The request is for an MRI of the left knee. Per records available for review, the injured worker appears to have had an MRI performed previously that had demonstrated reduced tibiofemoral and patellofemoral joint spaces, effusion, and a subacromial cyst. There is no documentation clearly detailing trauma or red flags that would necessitate repeat MRI at this time. Therefore, the request is not medically necessary.

MRI - right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria, Summary.

Decision rationale: The request is for an MRI of the right elbow. Per records available for review, it appears the injured worker has previously had a MRI of the right elbow. There is no clear documentation of further trauma or red flag findings that would necessitate repeat MRI. Therefore, the request is not medically necessary based upon information available for review.