

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/21/2013



Employee:	
Claim Number:	
Date of UR Decision:	7/15/2013
Date of Injury:	9/28/2006
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009923

- 1) MAXIMUS Federal Services, Inc. has determined the request for **series of three (3) autogenous conditioned plasma (ACP-PRP) injections for the right knee is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **outpatient physical therapy two (2) times a week for four (4) weeks for the right knee is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **series of three (3) autogenous conditioned plasma (ACP-PRP) injections for the right knee** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **outpatient physical therapy two (2) times a week for four (4) weeks for the right knee** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, has a subspecialty in spine surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 48-year-old female who reported an injury on 09/28/2006. The mechanism of injury involved a fall. The patient was treated by Dr. [REDACTED] on 01/15/2013 and 02/12/2013. Physical examination revealed restricted range of motion, tenderness to palpation, and negative orthopedic testing. Diagnoses included knee bursitis, knee degenerative joint disease, knee sprain, acromioclavicular sprains and strains, adhesive capsulitis of the right shoulder, and subdeltoid bursitis. An MRI was noted on 02/05/2013 which indicated intact ACL, mild scar tissue, status post partial medial and lateral meniscectomies, and mild chondral irregularity. Treatment plan included referral to an orthopedic surgeon and continuation of current medications. The patient was then treated by Dr. [REDACTED] on 05/14/2013 and 07/02/2013. X-rays obtained in the office indicated subtle loss of articular cartilage space medially and changes from ACL reconstruction. It is noted that the patient has undergone 4 surgical interventions for the knee including ACL reconstruction on 03/20/2008 and removal of tibial staple with lysis of adhesions on 01/22/2009. The patient again returned to the operating room in 12/2010 for a partial medial and lateral meniscectomy. She has received hyaluronic injections most recently in 11/2012. She has recently completed some physical therapy; however, she continues to be very symptomatic. Physical examination revealed 0 degrees to 135 degrees range of motion, tenderness to palpation, and slight crepitus. Treatment plan included another series of Orthovisc injections with continuation of current physical therapy.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for series of three (3) autogenous conditioned plasma (ACP-PRP) injections for the right knee :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee Chapter.

Rationale for the Decision:

Official Disability Guidelines state platelet rich plasma injections for the knee are currently under study. After 2 decades of clinical use, results of platelet rich plasma therapy are promising, but still inconsistent. There is no documented rationale for a series of 3 autogenous conditioned plasma injections for the right knee provided. There is also no documentation providing evidence of a failure to respond to previous conservative treatment. **The request for series of three (3) autogenous conditioned plasma (ACP-PRP) injections for the right knee is not medically necessary and appropriate.**

2) Regarding the request for outpatient physical therapy two (2) times a week for four (4) weeks for the right knee :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Page 98-99, which are part of the MTUS, and the Official Disability Guidelines (ODG) Knee Chapter, which is not part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state physical medicine 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines allow for fading of treatment frequency plus active, self-directed home physical medicine. Official Disability Guidelines state, medical treatment for arthritis of the knee includes 9 visits over 8 weeks. It was noted the patient participated in previous courses of physical therapy without improvement and continuation of symptoms. Documentation of previous courses with efficacy and total duration was not provided. Given the lack of significant improvement following initial courses of physical therapy, continuation of treatment cannot be determined as medically appropriate. **The request for outpatient physical therapy two (2) times a week for four (4) weeks for the right knee is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.