MAXIMUS Federal Services

Case Number:	CM13-0002694		
Date Assigned:	12/27/2013	Date of Injury:	12/19/1991
Decision Date:	03/26/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida, Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female with stated date of injury of 12/19/2009. Per the 6/27/13 progress report, the claimant has complaints of bilateral elbow pain. The claimant has not been seen since having PRP injections of 8/14/12. The claimant reports relief with previous injections. Exam revealed good ROM; symptoms are lateral and near the lateral epicondyle, discomfort with resisted wrist extension and flexion. X-rays are noted to be unremarkable. Impression is left lateral and medial epicondylitis treated extensively with corticosteroid injections, lateral surgery, PRP injections, and right lateral and medial epicondylitis, treated previously with corticosteroid injections and PRP injections, requesting another PRP injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral and medical elbow platelet rich plasma injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, 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)-TWC-Pain (Chronic)(Updated 3/7/2014)Platelet-rich plasma (PRP)

Decision rationale: Regarding Platelet Rich Plasma therapy (PRP), the guidelines recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises, based on recent research below. This small pilot study found that 15 patients with chronic elbow tendinosis treated with buffered platelet-rich plasma (PRP) showed an 81% improvement in their visual analog pain scores after six months, and concluded that PRP should be considered before surgical intervention." This is experimental and under study, and has not been accepted as a standard of care due to lack of large scale clinical trial to validate its safety and efficacy. PRP looks promising, but it is not yet ready for prime time.ODG states: " PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. PRP was better than corticosteroid injections in relieving pain and improving function in patients with chronic severe lateral epicondylitis, but the study concluded that PRP should be reserved for the most severe cases since 80% of tennis elbows will be cured spontaneously without doing anything within a year. (AAOS, 2010)". Therefore the request for left lateral and medical elbow platelet rich plasma injections is not medically necessary.