MAXIMUS Federal Services

Case Number:	CM13-0021899		
Date Assigned:	12/04/2013	Date of Injury:	10/01/2011
Decision Date:	01/27/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation 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 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:

The patient is a 44 year old male who reported an injury on 10/01/2011. The mechanism of injury was lifting. He was diagnosed with right elbow dislocation with biceps rupture and injury to the elbow. His initial course of conservative care is unclear, but has had multiple failed surgeries including a right distal biceps repair and lateral epicondylar debridement on unknown dates. The medical records provided for review had evidence of completion of at least 42 sessions of physical therapy in 2012, and 19 sessions in 2013. The patient had continued complaints and symptoms of epicondylitis and tendonitis to the right elbow. He received a platelet rich plasma injection with his last surgery, a right lateral epicondylar release with ostectomy and tendon repair, on 01/10/2013. The patient continues to be symptomatic, and on 08/21/2013 was seen for a pre-operative evaluation for a prospective revision lateral epicondylar debridement with repair of the extensor mass and collateral complex.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection of right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007),Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Platelet Rich Plasma (PRP).

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS and ACOEM guidelines did not address the use of platelet rich plasma injections, therefore, the Official Disability Guidelines were supplemented. ODG recommends a single injection as a second line therapy for chronic lateral epicondylitis after physical therapy has failed. Guidelines state that PRP injections should be considered before surgical intervention but that there is not enough supporting evidence to recommend it as a routine, traditional treatment. The patient has already had multiple surgeries and at least one platelet rich plasma injection in 2013. To approve any additional injections would exceed guideline recommendations. There is also evidence that the patient decided to proceed with another surgery, per the clinical note dated 08/21/2013. As such, the request for PRP injection, right elbow, is non-certified.