

Case Number:	CM13-0025372		
Date Assigned:	11/20/2013	Date of Injury:	10/27/2011
Decision Date:	01/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

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 Ohio and Texas. 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 46-year-old male who reported an injury on 10/27/2011. The injury reportedly occurred as a result of his forcefully removing a 20 to 25 pound bag from his patrol vehicle. The patient's conservative treatment has included physical therapy, acupuncture, medications, activity restrictions, and corticosteroid injections, with minimal benefit. The patient's most recent clinical exam findings included tenderness over the lateral epicondyle of the right upper extremity, a positive Cozen's test on the right side, and limited range of motion described as 140 degrees in flexion, 80 degrees in supination, and 80 degrees in pronation. The patient's diagnoses included a right lateral epicondylitis. The patient's treatment plan included a platelet-rich plasma injection and aggressive physical therapy focused on avoiding surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-rich injection, right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG 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 Chapter, Platelet-rich plasma (PRP).

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has continued deficits, including pain and limited range of motion of the elbow, that have failed to respond to the conservative measures with which he has been treated thus far: acupuncture, physical therapy, and medication usage. The patient has also previously received corticosteroid injections, which failed to provide any symptom relief. Official Disability Guidelines recommend a single platelet-rich plasma injection as a second-line therapy for chronic lateral epicondylitis. Due to the length of the injury, the patient's lateral epicondylitis would be considered to be in a chronic phase that has failed to response to first-line, conservative treatments. Therefore, the recommended single injection as a second-line therapy would be indicated for this patient at this time. As such, the requested platelet-rich plasma injection for the right elbow is medically necessary and appropriate.