

Case Number:	CM13-0043959		
Date Assigned:	12/27/2013	Date of Injury:	02/06/2012
Decision Date:	04/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Board Certified in Orthopaedic 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 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 female who reported an injury on 07/07/2011. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lateral epicondylitis of the elbow. A Request for Authorization was submitted by [REDACTED] on 10/03/2013 for platelet-rich plasma injections into the right medial and lateral epicondyle, as well as a rheumatoid panel. However, there were no physician progress reports submitted on the requesting date. The latest physician progress report submitted for this review is documented on 12/16/2012. The patient was one week status post left carpal tunnel decompression. Physical examination was not provided on that date. Treatment recommendations at that time included platelet-rich plasma injections into bilateral medial and lateral epicondyles.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA INJECTIONS TO RIGHT MEDIAL EPICONDYLE QTY:
3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ELBOW CHAPTER, PLATELET-RICH PLASMA (PRP).

Decision rationale: California MTUS/ACOEM Practice Guidelines state there are no quality studies are not available on autologous blood injections, and there is no evidence of any benefit. Official Disability Guidelines recommend a single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy, such as eccentric loading, stretching, and strengthening exercises. There was no physician progress report submitted on the requesting date. Therefore, there is no evidence of a recent physical examination. There is also no evidence of a failure to respond to first-line treatment. Based on the clinical information received, the request is non-certified.

PLATELET RICH PLASMA INJECTIONS TO RIGHT LATERAL EPICONDYLE

QTY: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ELBOW CHAPTER, PLATELET-RICH PLASMA (PRP)

Decision rationale: California MTUS/ACOEM Practice Guidelines state there are no quality studies are not available on autologous blood injections, and there is no evidence of any benefit. Official Disability Guidelines recommend a single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy, such as eccentric loading, stretching, and strengthening exercises. There was no physician progress report submitted on the requesting date. Therefore, there is no evidence of a recent physical examination. There is also no evidence of a failure to respond to first-line treatment. Based on the clinical information received, the request is non-certified.

RHEUMATOID PANEL: (RF, FANA, C-REACTIVE PROTEIN): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: WWW.LABTESTSONLINE.COM. LAB TESTS ONLINE, HON CODE STANDARD FOR TRUSTWORTHY HEALTH

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

Decision rationale: The test for rheumatoid factor may be ordered when a person has signs or symptoms of rheumatoid arthritis. Symptoms may include pain, warmth, swelling, and morning stiffness in the joints. As per the documentation submitted, there is no evidence of a recent physical examination. Therefore, there is no documentation of any of the above-mentioned signs or symptoms of rheumatoid arthritis. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.