

Case Number:	CM13-0045077		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2011
Decision Date:	02/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery, has a subspecialty in Shoulder and Elbow 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 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 51-year-old female who reported a work-related injury on 03/03/2011. The specific mechanism of injury is not stated. The patient presented for treatment of the following diagnoses: cervicalgia and C4-5 posterior disc bulge. The clinical note dated 10/24/2013 reported that the patient was seen in clinic under the care the provider. The provider documented that the patient continued to report right-sided cervical spine pain, headaches, right upper extremity pain and dysphagia. The provider documented that the patient had undergone a previous platelet rich protein injection for lateral epicondylitis in the past that remarkably improved her condition until just recently. The provider is requesting an additional platelet rich protein injection for the right lateral epicondyle. The provider failed to document a physical exam of the patient's right upper extremity at the time of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral epicondylar Platelet-rich plasma (PRP) injection, Ultrasound guided: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

Decision rationale: The Official Disability Guidelines (ODG) indicate recommendations of 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 based on recent research. The clinical notes failed to evidence support for the patient undergoing a repeat platelet rich plasma injection at this point in her treatment. In addition, the clinical notes failed to document what other lower levels of conservative treatment the patient was currently utilizing for her pain complaints, such as a medication regimen or other active treatment modalities, such as physical therapy. In addition, quantifiable documentation of a decrease in rate of pain on the Visual Analog Scale (VAS) and an increase in objective functionality were not evidenced in the clinical notes reviewed. Given all of the above, the request for a right lateral epicondylar Platelet-rich plasma (PRP) injection (ultrasound-guided) is not medically necessary nor appropriate.