

<b>Case Number:</b>	CM13-0047806		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Illinois. 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 injured worker is a 29 year old female who reported an injury on 07/16/2009, due to an unknown mechanism. The clinical note dated 09/18/2013 presented the injured worker with pain in the neck, lower back, bilateral shoulder, bilateral arms, bilateral forearms, bilateral elbows, bilateral wrists, an bilateral hands. The injured worker reported numbness to her right foot, and pain to her shoulder blades. The injured workers physical exam revealed diminished sensation to the right lateral ankle and right lateral thigh. The injured worker was diagnosed with a cervical spine disc bulge, lumbar spine disc rupture, right shoulder strain, left shoulder strain, right elbow strain, left elbow strain, status post right carpal tunnel syndrome surgery, and left carpal tunnel syndrome. The provider recommended a platelet rich plasma injection. The request for authorization was not provided in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PLATELET RICH PLASMA INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 95.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 95-96.

**Decision rationale:** The request for a platelet rich plasma injection was not medically necessary. The ACOEM guidelines recommend platelet rich plasma injections for injured workers who have had lateral epicondylalgia lasting at least 6 months and are unresponsive or insufficiently responsive to other treatments including NSAID(s), straps, stretching and strengthening exercises, and at least one glucocorticosteroids injection. The provided medical documents lack evidence of unresponsiveness to treatments such as NSAID's, straps, stretching and strengthening exercises, and at least one glucocorticosteroid injection. The provider's rationale for the request was unclear and the site at which the requested injection was to be administered was not mentioned. Therefore, the request is not medically necessary.