

Case Number:	CM13-0050578		
Date Assigned:	06/11/2014	Date of Injury:	05/13/2011
Decision Date:	10/21/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 Emergency Medicine 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:

Patient with reported date of injury on 5/13/2011. Mechanism of injury is described as occurring while pushing a heavy carton. Patient has a diagnosis of R lateral epicondylitis, L partial rotator cuff tear and cervicgia. Patient also has a diagnosis of depression. Medical reports reviewed. Last report available until 10/1/13. Multiple reports pertain to patient's shoulder and neck complaints. This review is specific to the elbow complaint only. Patient complains of L elbow pains. Pain is chronic and unchanging. Objective exam reveals pain and tenderness over R bilateral epicondyle. Minimal tenderness in biceps incursion of the radial tuberosity and over the medial epicondyle. MRI of R elbow(8/29/13) reveals lateral epicondylitis, mild medial epicondylitis, mild biceps tendinitis and noted mild interval enlargement of 2 small fluid filled cystic likely degenerative in pathology. MRI of bilateral shoulder(12/18/12) was done. It showed multiple findings that are not related to this review. There was no medication list provided anywhere on record. There is not a single note anywhere in the provided records on patient's medications except for a request for a request for a Theramine, a non-evidenced based "medical food". Patient has had reported prior subacromial injections and Synvisc injections in the past. Patient has also received 2 injections to the elbow in the past(no dates or what was done were provided) that provided relief for "awhile". It is also noted there has been multiple requests for repeat Synvisc injection and lidocaine injections that has been denied. Synvisc injection to radio-humeral joint was finally done on 9/4/13. Improvement was noted for only 1 week. Independent Medical Review is for "injection at lateral epicondyle of PRP under ultrasound guidance." Prior UR on 10/30/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION AT LATERAL EPICONDYLE OF PRP UNDER ULTRASOUND

GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: MTUS Chronic pain and ACOEM guidelines do not adequately deal with this topic. Official Disability Guidelines(ODG) states that Platelet-rich plasma(PRP) injections for chronic lateral epicondylitis may be recommended as a second line treatment after failure of 1st line treatment. While early there is some evidence that it may aid in chronic epicondylitis pain. However, the providers have failed to document failure of 1st line treatment. such as eccentric loading, stretching and strengthening exercises. Patient does not meet criteria for PRP injection. Injection of lateral epicondyle of PRP is not medically necessary.