

<b>Case Number:</b>	CM13-0050765		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of 05/29/12. A utilization review determination dated 10/30/13 recommends non-certification of left wrist platelet-rich plasma (PRP) injections. A progress report dated 07/30/13 identifies subjective complaints including pain and discomfort at the left shoulder and left upper extremity. Objective examination findings identify diffuse tenderness at the left wrist and range of motion is limited, and [REDACTED] is 5-10-5 on the left and 90-100-90 on the right. The treatment plan recommends repair of the fractures at the left wrist as necessary with debridement and fixation as necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for left wrist platelet-rich plasma (PRP) injections:** 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) Forearm, Wrist, & Hand Chapter, Platelet-rich plasma (PRP).

**Decision rationale:** The Official Disability Guidelines indicate that platelet-rich plasma (PRP) is not recommended, as there are no published studies for the forearm, wrist, and hand. In light of the above issues, the request does not meet guideline recommendations.