

Case Number:	CM13-0069025		
Date Assigned:	01/17/2014	Date of Injury:	12/07/2012
Decision Date:	06/13/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 45 year old female who reported an injury on 12/07/2012 secondary to hitting her elbow. The clinical note dated 0/07/2014 reported the injured worker complained of pain in the lateral left elbow with direct pressure extending to her thumb. The pain felt like it was aching/stabbing upon straightening her elbow or supinating her forearm and the pain was rated 7/10. The physical examination reported she had normal strength, sensation and reflexes in her bilateral upper extremities. There was pain with resisted wrist extension on the left and also with resisted supination on the left. The injured worker's range of motion was noted to include flexion of 120 degrees and extension 10 degrees. There was tenderness to palpation over the common extensor tendon and extending into the extensor supinator. The treatment plan included a recommendation for physical therapy to include a re-strengthening program for her lateral epicondylitis through ultrasound to facilitate stretching and capsular mobilizations followed by eccentric exercises, ice and Iontophoresis. The injured worker previously participated in an unknown number of physical therapy sessions from 12/2012 to approximately 03/2013. The injured worker underwent diagnostic studies including MRIs on 03/20/2013 and 11/04/2013 with reported findings to include tendonitis and mild soft tissue edema suggestive of strain, as well as an EMG/NCV study on 02/08/2013. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDANCE DOCUMENTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: The request for Ultrasound Guidance Documentation is not medically necessary. As the request for platelet rich plasma injection was not medically necessary, the need for ultrasound guidance is not supported. Therefore, the request for Ultrasound Guidance Documentation is not medically necessary.

ULTRASOUND GUIDANCE FOR NEEDLE PLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: The request for Ultrasound Guidance for Needle Placement is not medically necessary. As the request for platelet rich plasma injection was not medically necessary, the need for ultrasound guidance is not supported. Therefore, the request for Ultrasound Guidance for Needle Placement is not medically necessary.

INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: The request for Injection(s), Platelet Rich Plasma, any site, Including Guidance, Harvesting and Preparation is not medically necessary. The injured worker has a history of left lateral epicondylitis treated with medications and physical therapy. The California MTUS/ACOEM guidelines state that autologous blood injections are not currently recommended as there are no quality studies in the treatment of lateral epicondylitis. The clinical information, provided for review, notes the provider recommended the injured worker participate in additional physical therapy prior to the treatment with injections or needle tenotomy; it was unclear if the injured worker participated in additional physical therapy. Additionally, the guidelines do not recommend the use of the injection currently. Therefore, the request for Injection(s), Platelet

Rich Plasma, any site, Including Guidance, Harvesting and Preparation is not medically necessary.