

Case Number:	CM13-0069125		
Date Assigned:	01/17/2014	Date of Injury:	08/23/2012
Decision Date:	06/27/2014	UR Denial Date:	11/15/2013
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 and 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 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 55-year-old male who reported an injury on 08/23/2012 secondary to a fall. The clinical note dated 11/05/2013 reported the injured worker complained of pain overlying the left lateral elbow and right medial elbow. The injured worker underwent an MRI in 04/2013 revealing left lateral and right medial epicondylitis. The injured worker underwent a series of 3 injections on 08/13/2013 including lateral epicondylar bilaterally and right medial epicondylar injection and the injured worker reported minimal improvement following the steroid injections. The injured worker also reportedly stated he underwent 20 physical therapy sessions with only modest improvement of the left lateral epicondylar and right medial epicondylar discomfort. The physical examination of the left elbow revealed focal tenderness overlying the conjoined tendon and lateral epicondyle and there was a 20 degree deficit of elbow extension secondary to lateral epicondylar discomfort. The physical examination of the right elbow revealed focal tenderness overlying the medial epicondyle and the conjoined tendon, and there was full active range of motion to the right elbow, wrist, and hand. The diagnoses included left lateral epicondylitis, chronic with associated degenerative joint disease and right medial epicondylitis with olecranon osteophyte. In addition, it was noted the injured worker underwent acupuncture, multiple steroid injections, and a regimen of anti-inflammatory medication. The treatment plan included a recommendation for 2 autologous platelets-rich plasma injections adjacent to the right medial epicondyle and conjoined tendon, and 2 plasma-rich platelet injections adjacent to the left lateral epicondyle and conjoined tendon. The Request for Authorization was submitted 11/08/2013. The request for treatment was initiated due to first line failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO AUTOLOGOUS PLATELET-RICH PLASMA INJECTIONS ADJACENT TO THE RIGHT MEDIAL EPICONDYLE AND CONJOINED TENDON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Elbow Chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Autologous blood injection

Decision rationale: The request for 2 autologous platelet-rich plasma injections adjacent to the right medial epicondyle and conjoined tendon is non-certified. The injured worker has a history of left lateral epicondylitis, chronic with associated degenerative joint disease and right medial epicondylitis with olecranon osteophyte treated with physical therapy times 12 sessions, forearm tension splinting, anti-inflammatory medication, acupuncture, and multiple steroid injections. The California MTUS/ACOEM Guidelines state there are no quality studies of autologous blood injections for lateral/medial epicondylalgia. Quality studies are not available on autologous blood injections and there is not evidence of its benefits. This option while low cost, is invasive and has side effects. Thus, autologous blood injections are not recommended. In addition, the Official Disability Guidelines state single autologous blood injections are recommended as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises fail to alleviate symptoms. Within the clinical information provided for review, it is noted the injured worker had failed conservative care to include physical therapy, acupuncture, splinting, anti-inflammatory medication and multiple steroid injections. However, as the guidelines recommend single autologous blood injections as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy has failed, the request is for 2 autologous platelet-rich plasma injections adjacent to the right medial epicondyle and conjoined tendon is not supported and exceeds guidelines. Therefore, the request for 2 autologous platelet-rich plasma injections adjacent to the right medial epicondyle and conjoined tendon are not medically necessary.

TWO PRP INJECTIONS ADJACENT TO THE LEFT LATERAL EPICONDYLE AND CONJOINED TENDON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Elbow Chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Autologous blood injection

Decision rationale: The request for 2 PRP injections adjacent to the left lateral epicondyle and conjoined tendon is non-certified. The injured worker has a history of left lateral epicondylitis, chronic with associated degenerative joint disease and right medial epicondylitis with olecranon osteophyte treated with physical therapy times 12 sessions, forearm tension splinting, anti-inflammatory medication, acupuncture, and multiple steroid injections. The California MTUS/ACOEM Guidelines state there are no quality studies of autologous blood injections for lateral epicondylalgia. Quality studies are not available on autologous blood injections and there is not evidence of its benefits. This option while low cost, is invasive and has side effects. Thus, autologous blood injections are not recommended. In addition, the Official Disability Guidelines state single autologous blood injections are recommended as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises fail to alleviate symptoms. Within the clinical information provided for review, it is noted the injured worker had failed conservative care to include physical therapy, acupuncture, splinting, anti-inflammatory medication and multiple steroid injections. However, as the guidelines recommend single autologous blood injections as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy has failed, the request is for 2 PRP injections adjacent to the left lateral epicondyle and conjoined tendon which would not be supported and exceed guideline recommendations. Therefore, the request for 2 PRP injections adjacent to the left lateral epicondyle and conjoined tendon are not medically necessary.