MAXIMUS Federal Services

Case Number:	CM14-0000257		
Date Assigned:	01/17/2014	Date of Injury:	04/05/2013
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 37-year-old female with a reported injury date of April 05, 2103; the mechanism of injury was not provided. The clinical note dated December 18, 2013 noted that the injured worker had complaints of numbness when she sleeps on the left hip at night. The objective findings included tenderness to the lumbosacral spine with spasms to the paraspinal muscles, and positive slump test. Additional findings noted abnormal lumbosacral spine extension measured at 15 degrees, a positive straight leg test of the left leg, and a normal neurological exam. It was also noted from an MRI on July 12, 2013 that the injured worker had degenerative disc disease to the L5-S1 with severe disc desiccation, mild loss of disc height and 4mm broad central/right paracentral protrusion with associated annular fissure.

IMR ISSUES, DECISIONS AND RATIONALES

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

SINGLE PLATELET RICH PLASMA INJECTION UNDER ULTRASOUND GUIDANCE DIRECTED TO THE GLUTEUS MEDIUS TENDON: 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), Hip & Pelvis, & Pain Chapter, Platelet Rich Plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Platelet-Rich Plasma (PRP).

Decision rationale: The request for a single platelet rich plasma injection under ultrasound guidance directed to the gluteus medius tendon is not medically necessaey or appropriate. It was noted that injured worker had complaints of numbness when she sleeps on the lef hip at night. The objective findings included tenderness to the lumbosacral spine with spasms to the paraspinal muscles, and positive slump test. Additional findings noted abnormal lumbosacral spine extension measured at 15 degrees, a positive straight leg test of the left leg, and a normal neurological exam. It was also noted from an MRI on July 12, 2013 that the injured worker had degenerative disc disease to the L5-S1 with severe disc desiccation, mild loss of disc height and 4mm broad central/right paracentral protrusion with associated annular fissure. The Official Disability Guidelines states that Platelet-rich plasma is currently under study and therefore not recommended. As such this request is is not medically necessaey or appropriate.