

Case Number:	CM14-0001682		
Date Assigned:	01/22/2014	Date of Injury:	11/01/2000
Decision Date:	06/10/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 and Rehabilitation, 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:

The underlying date of injury in this case is 11/1/00. This patient's diagnosis is tendinopathy of the right elbow. The patient is status post a hemocyte autograft to both elbows as of 10/9/13. A PR-2 report dated 12/9/13 reports that the patient received partial relief with prior treatment, and recommends a platelet-rich plasma treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET-RICH PLASMA INJECTION TO THE RIGHT ELBOW.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: This treatment is not discussed in the Medical Treatment Utilization Schedule. The Official Disability Guidelines do address platelet-rich plasma, stating that a single injection may be recommended as second-line therapy after the patient has failed other treatment. This is an equivocal recommendation. Furthermore, the ODG states that platelet-rich plasma treatment is not recommended, except in a research setting. By either of these guidelines, the requested treatment would be supported only if there were very specific clinical reasoning

documented to support the request. The records in this case, however, are very limited and do not include such a rationale. As such, the request is not medically necessary.