

Case Number:	CM14-0004753		
Date Assigned:	02/05/2014	Date of Injury:	06/04/2003
Decision Date:	07/23/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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 patient is a 54 year old male who was injured on 06/04/2003. The mechanism of injury is unknown. Prior treatment history has included had one injection and weeks of occupational therapy with improvement but continued to have pain with activity. Progress report dated 10/18/2013 indicates acupuncture did not help the patient. On the exam, pain was rated at 6/10 and there was tenderness to palpation in the lateral epicondyle. Diagnoses are right lateral epicondylitis. The patient has had an injection and provided her with no improvement. The patient wanted to hold off on 2nd injection. On initial hand consultation dated 08/23/2013, the patient presented with right elbow pain associated with occasional numbness and tingling sensation. Objective findings on exam revealed the right elbow range of motion is from 0 to 140. There is tenderness to palpation at the extensor carpi radialis brevis. There is pain with resisted extension of the third metacarpal. There is tenderness to palpation at the radial tunnel. The right hand revealed full range of motion. Tinel test is positive. Phalen's and Durkan's tests are negative. His sensation is grossly intact. From the notes, there are no diagnostic studies for review but there is x-rays demonstrated coronoid osteoarthritis. Nerve conduction studies revealed median sensory is 4.3 and the ulnar conduction velocity is 42 meters per second. The patient is diagnosed with right carpal tunnel syndrome and cubital tunnel syndrome on Nerve Conduction Study (NCS). The patient has right lateral epicondylitis, which is felt to be the primary problem. Prior utilization review dated 01/02/2014 states the request for PRP injection with ultrasound guidance to the right elbow is not certified as there was insignificant clinical indication for this procedure and medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET-RICH PLASMA (PRP) INJECTION WITH ULTRASOUND GUIDANCE TO THE RIGHT ELBOW: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Platelet-Rich Plasma.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24-25.

Decision rationale: Regarding PRP, the above guidelines "recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises, based on recent research below." ACOEM guidelines above state that PRP injections are indicated for "lateral epicondylalgia lasting at least 6 months, unresponsive or insufficiently responsive to other treatments including non-steroidal anti-inflammatory drugs (NSAIDs), straps, stretching and strengthening exercises, and at least one glucocorticosteroids injection." Note from 7/10/13 physical therapy (PT) evaluation states the "patient (pt.) received cortisone shot in January for right elbow, helped." Note from 8/23/13 states "he had one injection and six weeks of occupational therapy. He had significant improvement, but continued to have pain with activity." Thus the patient has been treated with medication, exercises in physical therapy, and at least one steroid injection, but "continued to have pain with activity." Therefore the case meets criteria for PRP injection. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.