

<b>Case Number:</b>	CM14-0009718		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Nevada. 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 records presented for review indicate that this 43-year-old female was reportedly injured on April 4, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 27, 2014, is difficult to read and indicates that there are ongoing complaints of left wrist pain and right elbow pain. There was also a complaint of occasional constipation with medication usage. Pain is stated to have been reduced since surgery on January 7, 2014. No physical examination was performed and diagnostic imaging studies were not reviewed. Previous treatment includes a right wrist triangular fibrocartilage complex (TFCC) repair performed in 2008, de Quervain's release performed in 2009, a right elbow cubital tunnel release performed in 2009, and a right-sided brachial plexus release on January 7, 2014. A request had been made for platelet concentrate/platelet pheresis/platelet rich plasma autologous fibrin glue and was not certified in the pre-authorization process on January 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE DOS: 1/7/2014: PLATELET CONCENTRATE/PLATELET PHERESIS/PLATELET RICH PLASMA AUTOLOGOUS FIBRIN GLUE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative Guidelines: Blood saving techniques and medications. In: Blood transfusion guidelines. Utrecht (The Netherlands): Dutch

Institute for Healthcare Improvement CBO; 2011. P. 321-8. Pre-operative and Peri-operative Autologous Blood Transfusion Techniques.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Platelet Rich Plasma, Updated May 15, 2014.

**Decision rationale:** According to the Official Disability Guidelines, use of platelet rich plasma is only recommended as a second line therapy for chronic lateral epicondylitis after first-line treatment such as physical therapy, stretching and strengthening exercises. Considering these guidelines, this request for platelet concentration/platelet pheresis/platelet rich plasma autologous fibrin glue is not medically necessary.