

Case Number:	CM14-0105100		
Date Assigned:	07/30/2014	Date of Injury:	10/22/2012
Decision Date:	10/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 46-year-old male who has submitted a claim for right lateral epicondylitis associated with an industrial injury date of 10/22/2012. Medical records from 02/04/2014 to 07/22/2014 were reviewed and showed that patient complained of right elbow pain (pain scale grade not specified). Physical examination revealed tenderness over extensor carpi radialis brevis (ECRB) and full range of motion (ROM). MRI of the right elbow dated 05/16/2013 revealed intrasubstance degeneration/tearing of common extensor tendon and right extensor tendon thickening tendinopathy. Treatment to date has included platelet rich plasma injection (PRP) to the right elbow (09/24/2013), home exercise program (HEP), physical therapy, and pain medications. Of note, the patient reported un-quantified relief for un-quantified duration after receiving PRP. There was no documentation of functional outcome from previous physical therapy visits. Utilization review dated 06/18/2014 denied the request for platelet rich plasma injection to the right elbow because the guidelines only recommend platelet rich plasma injection for single.

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 right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 injection (PRP)

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that platelet-rich plasma (PRP) injection is recommended as single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises. In this case, the patient received PRP on 09/24/2013 with noted un-quantified pain relief. There was no documentation of functional outcome from previous therapy visits to support need for PRP. Furthermore, the guidelines only recommend PRP as single injection for which the patient already had (09/24/2013). There was no discussion as to why variance from the guidelines is needed. Therefore, the request for a Platelet rich plasma injection to right elbow is not medically necessary.