MAXIMUS Federal Services

Case Number:	CM14-0105758		
Date Assigned:	07/30/2014	Date of Injury:	04/19/1996
Decision Date:	09/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 injured worker is a 64-year-old female with unknown reported date of injury. The mechanism of injury was not provided. The injured worker's diagnosis was noted to include lateral epicondylitis of the right elbow and carpal tunnel syndrome of the right extremity. There was no diagnostic or surgical history provided. Progress report dated 02/24/2014 noted the injured worker had numerous complaints to include stiffness to the trigger thumb, pain and swelling in the bilateral elbows, and constant sharp pain to the right wrist and hand that radiates into the middle finger. On physical examination, it was noted there was tenderness to palpation to the right hand, thumb and middle finger. In addition, it was noted that the injured worker had a weak grip. It was also noted that there was a flexion contracture to the right small finger PIP. A clinical note dated 07/04/2014 noted the injured worker had continued complaints to the bilateral elbows, bilateral wrists, left shoulder and left trigger thumb. On physical examination, it was noted that there was locking of the right 3rd digit. There was a positive carpal compression and Tinel's to the right hand. In addition, it was noted there was weakness in grip strength on the right. It was noted under the treatment plan, that the injured worker was be given an unknown medication for her condition and the injured worker will be rescheduled for follow-up. A Request for Authorization form was not provided within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lateral Epicondyle PRP (Platelet Rich Plasma) Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Elbow Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 30-33.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Platelet-rich plasma (PRP).

Decision rationale: The request for Right Lateral Epicondyle Platelet rich plasma injection is non-certified. According to California MTUS/American College of Occupational and Environmental Medicine Guidelines, autologous blood injections are not recommended as there is a lack of evidence based benefits for treatment of epicondylagia. In addition, the Official Disability Guidelines also state that platelet rich plasma is not currently recommended except in a research venue as platelet rich plasma therapies are more complicated than previously acknowledge and an understanding of the fundamental process of pivotal molecules involved needs to be studied. As this requested service is not currently recommended by guidelines, this request cannot be supported. As such, this request is not medically necessary.