

Case Number:	CM14-0107250		
Date Assigned:	09/16/2014	Date of Injury:	02/26/2014
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/10/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 51 year old male who reported injuries to the left elbow on February 26, 2014, due to repetitive pushing, grasping, and pulling while working as a mail sorter. Clinical note dated, June 9, 2014, indicate the injured worker complains of pain overlying the left greater than medial elbow. Physical exam of the left elbow reveal tenderness overlying the lateral greater than medial epicondyle and conjoint tendons. There is increased left elbow pain with resistance to both pronation and supination. There is full active range of motion of the left elbow, wrist and hand. Grip strength testing in three successive trails with the Jamar set at the second setting results are, right hand, 70/70/70 pounds; left hand 40/40/0/ pounds. Initial electrodiagnostic studies, dated May 1, 2014, revealed no evidence of the left median mononeuropathy or left ulnar mononeuropathy across the wrist or elbow. MRI of the left elbow, dated April 29, 2014, revealed lateral and medial epicondylitis and associated posttraumatic osteoarthritis in the distal humerus. Treatment to date has included physical therapy times 12 visits, left forearm tension and band splinting, and anti-inflammatory medications. Pain in the left elbow persists despite these treatments. The injured worker is not currently taking any medications. Diagnosis is left lateral greater than medial epicondylitis. The previous utilization review denied request for platelet rich plasma injection x 2 for the left lateral and medial elbow on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection x 2 for the left lateral and medial elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 95-96.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 95-97.

Decision rationale: The documentation provided does not support the medical necessity of the industrial injury 2/26/14. The claimant has been diagnosed with lateral and medial epicondylitis. However ACOEM elbow Chapter clearly outlines the expenditure of 6 months of conservative care to include physical therapy, straps, stretching, strengthening and at least one steroid injection. There is no documentation of failure of the conservative care in the time frame dictated. The request is not medically necessary.