

Case Number:	CM14-0138520		
Date Assigned:	09/05/2014	Date of Injury:	03/28/2006
Decision Date:	12/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/27/2014

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 Family Medicine, 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:

This is a 58-year-old female patient who reported an industrial injury on 3/28/2006, over eight (8) years ago, attributed to the performance of her usual and customary job duties. The patient continues to complain of ongoing neck pain and is been treated with prior C3-C4 and C4-C5 transforaminal epidural steroid injections. The patient continues to complain of bilateral shoulder pain, neck pain, left ankle pain, and bilateral wrist pain. The patient additionally complained of left thumb pain and difficulty gripping and grasping objects. The objective findings on examination included diminished range of motion of the cervical spine; diminished sensation over the left C8 dermatome and right C5 and C7 dermatomes; tenderness over the left thumb; edema over the extensor pollicis longus tendon and metacarpal phalangeal joint and the joint lacks full extension by 10. The treatment plan included left thumb extensor pollicis longus tendon platelet rich plasma injection under fluoroscopy and anesthesia. The diagnoses are cervical strain/sprain; mild to moderate carpal tunnel syndrome; status post first dorsal compartment release on 9/11/2009; status post CTR during 7/2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb extensor pollicis longus PRP injection under fluoroscopy and anesthesia:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand chapter-Platelet rich plasma injections

Decision rationale: There is insufficient evidence to support the use of injections with platelet rich plasma for the treatment of the thumb and the ODG recommend against the use of this treatment modality. The provider has provided no subjective/objective evidence to support the medical necessity of the use of the PRP injections other than the provided anecdotal evidence cited from the literature. There is no provided objective peer reviewed evidence accepted by the national medical community to override the recommendations of the evidence-based guidelines. The patient was requested to have a PRP injection to the left thumb extensor pollicis longus. The request was made without documentation of any recommendations by evidence-based guidelines. The conclusion of the currently accepted evidence-based guidelines is that the use of plasma rich protein injections is no better than placebo. The Official Disability Guidelines report that the use of injections of Platelet rich Plasma (PRP) is under study and do not provide recommendations at this point in time. The use of PRP injections are not recommended as recent higher quality evidence has demonstrated this treatment is no better than placebo. The treatment modality is not accepted for treatment of the thumb. There is no demonstrated medical necessity for PRP to the thumb.