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| Case Number: | CM14-0150212 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 11/30/2012 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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 Internal Medicine and is licensed to practice in California & Illinois. 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 57-year-old female who reported an injury on 11/30/2012. The mechanism of injury was not provided. Diagnosis includes chronic lateral epicondylitis. Past treatments included extremity splinting and elbow banding, dexamethasone injections, physical therapy and medications. Diagnostic studies were not provided. Surgical history was not provided. The clinical note dated 11/13/2013 indicated the injured worker complained of significant pain with any forceful strength activity, and moderate elbow pain with lifting or carrying greater than 5 pounds. The physical exam revealed focal tenderness directly over the common extensor origin of the lateral epicondyle. Current medications were not provided. The treatment plan included platelet rich plasma injection under ultrasound guidance to the right elbow. The rationale for treatment was to decrease pain and to possibly avoid surgery. The Request for Authorization form was completed on 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection under Ultrasound Guidance Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27, 30-33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: The California MTUS/ACOEM Guidelines state that autologous blood injections are not recommended, citing that quality studies are not available and there is no evidence of its benefits. This option while low cost, is invasive and has side effects. The injured worker complained of focal tenderness over the lateral epicondyle and pain with activity. There is a lack of clinical documentation to indicate the need for plasma injection beyond the guideline recommendations. Therefore, the request for Platelet Rich Plasma Injection under Ultrasound Guidance Right Elbow is not medically necessary.