

<b>Case Number:</b>	CM14-0151003		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Occupational 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 37-year old patient with a 5/7/12 date of injury. Mechanism of injury could not be determined. Subjective complaints on a 5/19/14 examination involve persistent pain in the left hand and wrist. Physical findings include scapholunate tenderness, with clicking and pain on extension. It was noted that the patient had recently received her second cortisone injection. Treatment to date: Medications, local corticosteroid injections, bracing, and physical therapy, and occupational therapy. An adverse determination was received on 8/26/14 given platelet rich plasma is not recommended for the forearm, wrist and hand per ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Injection on Left Scapholunate:** 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 ;Hand, Forearm and wrist Chapter, Platelet Rich Plasma

**Decision rationale:** CA MTUS does not address this issue. ODG states that PRP is not recommended. There are no published studies for the forearm, wrist, and hand. This patient

continues to complain of pain the left wrist 2-1/2 years post-injury, despite conservative care. A request for a Platelet Rich Plasma injection on the left scapholunate was made; however, this procedure is not recommended by ODG guidelines, given that there are limited clinical studies showing therapeutic benefit of Platelet Rich Plasma Injection in the treatment of wrist and hand injuries. Therefore, the request for Platelet rich Plasma Injection on the left scapholunate is not medically necessary.