

Case Number:	CM14-0152978		
Date Assigned:	09/23/2014	Date of Injury:	12/17/2010
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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 Orthopedic Surgery 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 47-year-old female who injured her left elbow in a work related accident on 12/17/10. The clinical records provided for review documented that following conservative care, the injured worker underwent left elbow lateral epicondylar release in September, 2011, followed by left flexor muscle mass release with subcutaneous ulnar transposition in September, 2012. The report of an assessment dated 07/22/14, describes continued left elbow complaints. Examination revealed tenderness both over the medial epicondyle and the previously transposed ulnar nerve. There was also milder tenderness over the lateral epicondyle with a healed incision. Range of motion was full and unrestricted. There was no documentation in the records of recent conservative treatment in regards to the injured worker's elbow or postoperative imaging for review. According to the records, previous treatment has included medication management with no documented recent corticosteroid injection procedures. The recommendation was made for a platelet rich plasma injection under ultrasound guidance. The recommendation was made for a platelet rich plasma injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection, left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Platelet-rich plasma (PRP)

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for platelet rich plasma (PRP) injection into the injured worker's left elbow is not medically necessary. According to the Disability Guidelines, PRP is recommended only as second line therapy for chronic lateral epicondylitis after failure of first line treatment, such as physical therapy, stretching, strengthening exercises and corticosteroid injections. While records in this case document continued or chronic pain about the left elbow, there is no documentation of recent conservative care including any corticosteroid injections. Therefore, this request is not medically necessary.

Ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Ultrasound, diagnostic

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the use of ultrasound guidance for the injured worker's elbow platelet rich plasma (PRP) injection would not be indicated. The request for the PRP injection is not recommended as medically necessary. Presently, the role of injection to the elbow has not been deemed medically necessary. Therefore, the request for ultrasound guidance is not medically necessary.