

Case Number:	CM14-0184382		
Date Assigned:	11/12/2014	Date of Injury:	08/09/2012
Decision Date:	12/30/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 54 years old female with an injury date on 08/09/2012. Based on the 09/17/2014 progress report provided by the treating physician, the diagnoses are:1. Left lumbar radiculitis with L5-S1 disc disruption.2. Left lateral epicondylitis.3. Depression4. Insulin treated diabetes-poorly controlled5. Gastroesophageal reflux disease.6. Painful left foot.According to this report, the patient complains of left foot pain and left elbow pain. Physical exam reveals "left leg guarded with antalgic. Lumbar spine is tender with positive Lasegue, some left leg weakness, and there is moderate left lateral foot tenderness." Elbow exam reveals moderate to severe tenderness at the left lateral epicondyle. Cozen test is positive. MRI of the left elbow on 10/22/2012 reveals bony eburnation of the distal humerus and joint space effusion. There were no other significant findings noted on this report. The utilization review denied the request on 10/07/2014. The requesting provider provided treatment reports from 03/04/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection to left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. 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) Pain chapter, Platelet-rich plasma (PRP)

Decision rationale: According to the 09/17/2014 report, this patient presents with left foot pain and left elbow pain. The treater is requesting Platelet-rich plasma injection to left elbow. Regarding elbow platelet-rich plasma injections, ODG guidelines state "recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy." Review of reports show that the patient uses medication for pain and had MRI that shows "joint space effusion and bony eburnation of the distal humerus." There is no mention that the patient has tried a PRP injection yet. The requested Platelet Rich Plasma injection appears reasonable and consistent with guidelines. The request is medically necessary.