

Case Number:	CM14-0192158		
Date Assigned:	11/25/2014	Date of Injury:	02/05/2014
Decision Date:	01/12/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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:

Patient is a 43-year-old female with date of injury 02/05/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/02/2014, lists subjective complaints as pain in the right elbow. Patient is status post a PRP injection on 07/25/2014. Objective findings: Examination of the right elbow revealed significant improvement in lateral epicondylar pain following the single PRP injection. There was full active motion of the right elbow, wrist and hand. There was no evidence of focal sensory or circulatory impairment of the upper right extremity. Diagnosis: 1. Right lateral epicondylitis, improved following a single PRP injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

second PRP injection, right elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Injections (corticosteroid)

Decision rationale: According to the Official Disability Guidelines, corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. A second PRP injection, right elbow is not medically necessary.