

Case Number:	CM14-0031752		
Date Assigned:	06/20/2014	Date of Injury:	07/23/2012
Decision Date:	08/12/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 36-year-old male who reported an injury on 07/23/2012. The mechanism of injury was reported as repetitive gripping and grasping with his left hand to use a strap tensioner. The diagnoses included lateral epicondylitis. Prior therapies included splinting, physical therapy, and cortisone injections. Per the 12/23/2013 progress note, the injured worker reported pain at the extensor carpi radialis brevis origin and in the anconeus groove, but denied medial left elbow pain or numbness. The injured worker reported he would like to have an autologous blood injection for left lateral epicondylitis. Per the 02/06/2014 progress report, the injured worker reported constant left elbow pain. Objective findings included full range of motion of the elbow and tenderness over the left lateral epicondyle and extensor origin complex. The provider requested a consultation with a provider who performed autologous blood injections. The request for authorization form was dated 12/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for autologous blood injection or Platelet Rich Plasma injection (PRP) elbow:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin J Sport Med. 2013 Nov;23(6)502-3; Cochrane Database Syst Rev. 2013 Dec 23;12; Br J Sports Med. 2014 Feb 21; Official Disability

Guidelines (Elbow, Platelet Rich Plasma), Am J Sports Med. 2001 Nov;34(11):1774-8. Epub 2006 May 30; Br J Sports Med 2001 Jan 21.

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

Decision rationale: The request for referral for autologous blood injection or platelet rich plasma injection (PRP) elbow is not medically necessary. The California MTUS/ACOEM Guidelines state autologous blood injections are not recommended as quality studies are not available and there is no evidence of its benefits. The medical records provided indicate the injured worker was experiencing left lateral epicondylitis. The guidelines do not recommend autologous blood injections for lateral epicondylitis. Based on this information, the request for a referral for an injection is not supported. As such, the request is not medically necessary.