

Case Number:	CM14-0033731		
Date Assigned:	06/20/2014	Date of Injury:	10/09/2009
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 50 year old female with reported injury on 10/09/2009. The mechanism of injury was not provided. The latest exam that was provided was on 03/03/2013 where the injured worker complained of increase pain to right lateral elbow. A prior MRI confirmed a partial tear at the origin of the common extensor tendon, right lateral epicondyle. There was not a list of medication or a more current examination provided. There was no documentation of previous treatments or therapies. The diagnoses consisted of severe right lateral epicondylitis. The recommended plan of treatment was platelet rich plasma injections. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA INJECTION RIGHT LATERAL EPICONDYLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter-Platelet rich plasma (PRP).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Platelet-rich plasma.

Decision rationale: The request for Platelet-rich plasma injection is non-certified. According to exam on 03/08/2013, the injured worker does have severe right lateral epicondylitis. The American College of Occupational and Environmental medicine state that autologous blood injections in the treatment of lateral epicondylalgia are not recommended. The Official Disability Guidelines recommend the injection as a second-line therapy for chronic epicondylitis after first-line physical therapy with eccentric loading, stretching, and strengthening exercises. There is a lack of evidence that there was physical therapy and an assessment of the efficacy. The guidelines also recommend further evaluation of this treatment. Therefore, the request for platelet-rich plasma injection is not medically necessary.