

Case Number:	CM14-0036639		
Date Assigned:	06/25/2014	Date of Injury:	08/16/2010
Decision Date:	08/08/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 08/16/2010. The mechanism of injury was not provided. On 09/10/2013, the injured worker presented with low back pain and lumbar radiculopathy with ankle pain. Prior therapy included epidural steroid injections, therapy, and medications. Upon examination of the lumbar spine, there was a positive straight leg raise to the right that had pain elicited with palpation of the lumbar facets, and pain noted over the lumbar intervertebral spaces upon palpation. Palpation to the bilateral sacroiliac joint revealed right-sided pain. There was a positive Patrick's test to the right and normal sensation throughout. The provider recommended a PRP injection to the left elbow and left ankle. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injections to 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), Pain, Platelet-rich Plasma.

Decision rationale: The request for a PRP injection to the left elbow is not medically necessary. The Official Disability Guidelines state that platelet rich plasma is not recommended except in a research setting. Platelet rich plasma therapies are more complicated than previously acknowledged, and an understanding of the fundamental processes and pivotal molecules involved will need to be elucidated. PRP therapies in clinical trials await assessment. PRP injections to the ankle are not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. PRP injections for the elbow are still under study. As platelet rich plasma is not recommended in the guidelines, the injections would not be indicated. As such, the request is not medically necessary.

PRP injections to left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Platelet-rich Plasma.

Decision rationale: The request for a PRP injection to the left ankle is not medically necessary. The Official Disability Guidelines state that platelet rich plasma is not recommended except in a research setting. Platelet rich plasma therapies are more complicated than previously acknowledged, and an understanding of the fundamental processes and pivotal molecules involved will need to be elucidated. PRP therapies in clinical trials await assessment. PRP injections to the ankle are not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. PRP injections for the elbow are still under study. As platelet rich plasma is not recommended in the guidelines, the injections would not be indicated. As such, the request is not medically necessary.