

Case Number:	CM14-0042638		
Date Assigned:	06/30/2014	Date of Injury:	12/29/2012
Decision Date:	08/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 54 year old female who sustained an injury to her left hand on 12/29/12 due to cumulative trauma while performing her usual and customary duties as a stocker. A progress report dated 05/30/14 reported that the injured worker continued to complain of left hand pain at 1/10 visual analog scale that remains unchanged from previous visit. Physical examination noted grip strength 40/40/40; physical examination of the left upper extremity revealed tenderness over the distal aspect of the triceps, moderate amount of pain over the shoulder on abduction/adduction; negative Tinel's; negative Phalen's; negative Finkelstein's; no pain over the lateral epicondyle; no pain over the medial epicondyle. The injured worker was diagnosed with a left distal biceps tendon tear and rule out left rotator cuff tear. The injured worker was recommended to continue working with restrictions. The injured worker was considered permanent and stationary in regards to her bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left DeQuervain's injection of platelet rich plasma.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand chapter, Platelet-rich plasma (PRP).

Decision rationale: The Official Disability Guidelines state that there are no published studies for the forearm, wrist, and hand regarding platelet rich plasma injections. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support exceeding the Official Disability Guidelines recommendations regarding platelet rich plasma injections. Given this, the request for outpatient left DeQuervain's injection of platelet rich plasma is not indicated as medically necessary.