

Case Number:	CM14-0052108		
Date Assigned:	07/07/2014	Date of Injury:	05/07/2001
Decision Date:	09/22/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family 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:

The 60-year-old female reported an industrial injury on 5/7/2001, over 13 years ago, to the left upper extremity while employed as a youth counselor in 2001. She went on to develop signs and symptoms of left upper extremity CRPS. She failed numerous surgical interventions including carpal tunnel release and de Quervain's release. She underwent spinal cord stimulation and implantation in 2008, and initially did well, but had problems with pocket discomfort. The pocket was removed. She developed postoperative infection. System was eventually explanted and replaced by a neurosurgeon in [REDACTED] with a Pentad electrode. She had severe occipital tenderness and early myelopathic symptoms and was indicated for an emergent lamiriotomy lead removal and explanation of IPGI. Surgery was completed on 3/19/2014. Operatively, the patient had a severe compression of the: brachial plexus. The surgery was difficult due to the severe constrictive scarring that was causing compression of the trucks of the left brachial plexus. The scalenus anterior muscle was causing lateral displacement of the entire brachial plexus, as well as the scalenus medius muscle that was totally fibrotic and was causing elevation of the lower and the middle trunk of the left brachial plexus. The C8 and T1 spinal nerves were compressed by fibrosis of the scalenus minimus, but no indication for PRP is reported. The treatment plan included the retrospective authorization for a platelet fibrin harvest machines; retrospective authorization for one platelet one source procedure pack; and retrospective request for one smart jet spray applicator kit harvest with dos 3/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Platelet Fibrin Harvest Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-plasma rich protein injection.

Decision rationale: There is insufficient evidence to support the use of injections with platelet rich plasma for the treatment of the feet or ankles and the ODG recommend against the use of this treatment modality. The provider has provided no subjective/objective evidence to support the medical necessity of the use of the PRP injections other than the provided anecdotal evidence cited from the literature. There is no provided objective peer reviewed evidence accepted by the national medical community to override the recommendations of the evidence based guidelines. The patient was requested to have a platelet fibrin harvest machine without a rationale supported with objective evidence. There is no demonstrated medical necessity for the purchase of a platelet fibrin harvest machine. The Official Disability Guidelines report that the use of injections of Platelet rich Plasma (PRP) is under study and do not provided recommendations at this point in time. The use of PRP injections are not recommended as recent higher quality evidence has demonstrated this treatment is no better than placebo. The treatment modality is not accepted for treatment of the cited diagnoses. Therefore, this request is not medically necessary.

Platelet One Source Produce pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-plasma rich protein.

Decision rationale: There is insufficient evidence to support the use of injections with platelet rich plasma for the treatment of the feet or ankles and the ODG recommend against the use of this treatment modality. The provider has provided no subjective/objective evidence to support the medical necessity of the use of the PRP injections other than the provided anecdotal evidence cited from the literature. There is no provided objective peer reviewed evidence accepted by the national medical community to override the recommendations of the evidence based guidelines. The patient was requested to have a platelet one source produce pack without a rationale supported with objective evidence. There is no demonstrated medical necessity for the purchase of a platelet one source produce pack. The Official Disability Guidelines report that the use of injections of Platelet rich Plasma (PRP) is under study and do not provided recommendations at this point in time. The use of PRP injections are not recommended as recent higher quality

evidence has demonstrated this treatment is no better than placebo. The treatment modality is not accepted for treatment of the cited diagnoses. Therefore, this request is not medically necessary.

Smart Jet Spray Applicator Kit-Harvest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- plasma rich protein.

Decision rationale: There is insufficient evidence to support the use of injections with platelet rich plasma for the treatment of the feet or ankles and the ODG recommend against the use of this treatment modality. The provider has provided no subjective/objective evidence to support the medical necessity of the use of the PRP injections other than the provided anecdotal evidence cited from the literature. There is no provided objective peer reviewed evidence accepted by the national medical community to override the recommendations of the evidence based guidelines. The patient was requested to have a Smart jet spray applicator kit-harvest without a rationale supported with objective evidence. There is no demonstrated medical necessity for the purchase of a Smart jet spray applicator kit-harvest. The Official Disability Guidelines report that the use of injections of Platelet rich Plasma (PRP) is under study and do not provided recommendations at this point in time. The use of PRP injections are not recommended as recent higher quality evidence has demonstrated this treatment is no better than placebo. The treatment modality is not accepted for treatment of the cited diagnoses. Therefore, this request is not medically necessary.