

Case Number:	CM14-0061527		
Date Assigned:	07/09/2014	Date of Injury:	12/01/2010
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/02/2014

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 Illinois. 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 40-year-old female who reported an injury on 12/01/2010. The mechanism of injury was not provided. The current diagnoses included elbow pain, entrapment neuropathy upper limb, depression NOS, and extremity pain. Past treatments included medication, diagnostic testing, surgery physical therapy, chiropractic therapy, and psychological therapy. Diagnostic studies included an MRI of the right wrist, De Quervain's release, and EMG/NCS on 03/06/2012 which showed right ulnar neuropathy at the elbow. Surgical history included a right cubital tunnel surgery. On 03/31/2014, the injured worker was in for pain to her left arm, right arm, and neck. Her pain level was increased since the last visit. On the VAS scale, the pain was a 7/10. Pain was constant. She also complained of muscle spasm, myalgias, numbness, tingling, and weakness. Upon examination, the cervical spine range of motion was restricted with flexion limited to 20 degrees due to pain, extension limited to 2 degrees due to pain, lateral rotation to the left limited to 80 degrees, and lateral rotation to the right limited to 80 degrees. There was tenderness to palpation over the medial epicondyle. There was a positive Tinel's sign. There was a positive Finkelstein's sign. Tenderness to palpation was noted over the radial side. The injured worker has had surgery of the wrist and elbow, and after the wrist surgery on 11/03/2001, she received 8 sessions of physical therapy and since the surgery at the elbow of 06/2012, she has not received any. Current medications are ibuprofen 100 mg 1 twice a day. The injured worker is not taking it due to lack of relief with the medication. The request is for plasma regenerative therapy to the bilateral medial epicondylitis and De Quervain's tenosynovitis. The rationale was not provided. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plasma regenerative therapy to bilateral medial epicondylitis and Dequervain's tenosynovitis (4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow Chapter; Forearm & Wrist Chapter.

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

Decision rationale: The request for Plasma regenerative therapy to bilateral medial Epicondylitis and Dequervain's tenosynovitis (4) is not medically necessary. The injured worker had a history of pain to her left arm, right arm, and neck. The Official Disability Guidelines (ODG) state that platelet rich plasma is under study as a solo treatment. The guidelines recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. (Jo, 2013) PRP looks promising, but it may not be ready for prime time as a solo treatment. There is no science behind it yet. In a blinded, prospective, randomized trial of PRP vs placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. There were also no differences in residual defects on MRI. There was no medical necessity established. The guidelines state the autologous blood injections are not recommended in the treatment of forearm, wrist and hand. The ODG states that platelet rich plasma injections in the forearm, wrist, and hand are not recommended. There are no published studies for forearm, wrist, and hand. As such, the request is not medically necessary.