

<b>Case Number:</b>	CM14-0061677		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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 patient is a 58-year-old male who has submitted a claim for Status Post Left Distal Radius Fracture with Residual Painful Motion and Weakness and Left Upper Extremity Median Nerve Neuropathy associated with an industrial injury date of August 15, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of intermittent pain in the left palm and wrist depending on activity such as prolonged or forceful gripping, or pressure on his left arm if he should sleep on the left. Pain occasionally ascended along the arm to the elbow and shoulder. He noted that he developed tingling at the left palm with inactivity. He had weakness in the hand and dropped objects. Pain was increased with gripping, pulling, pushing, pinching, and torqueing. On physical examination of the wrists and hands, there were no visible deformities, masses, or asymmetry. There were no visible nodules or contracture. There was no intrinsic musculature atrophy. Left wrist range of motion was decreased. There was diffuse tenderness over the dorsum of the left wrist. There was no popping or triggering of the finger flexor tendons. Provocative testing was negative bilaterally. Left hand grip strength was decreased. X-ray of both wrists and hand dated May 13, 2014 revealed findings consistent with a well-healed fracture of the left distal radius. Treatment to date has included medications, wrist cast, physical therapy, and cortisone injection. Utilization review from April 29, 2014 denied the request for Outpatient Platelet Rich Plasma Injection to the left wrist because guidelines do not support its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Platelet Rich Plasma Injection to the left wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand Chapter regarding 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, Platelet-rich Plasma (PRP).

**Decision rationale:** CA MTUS does not specifically address platelet-rich plasma (PRP) injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that PRP injections are not recommended. There are no published studies for the forearm, wrist, and hand. In this case, a rationale was not provided as to why PRP injection for the wrist was requested despite not being recommended by guidelines. There is no clear indication for the requested service. Therefore, the request for Outpatient Platelet Rich Plasma Injection to the left wrist is not medically necessary.