

Case Number:	CM14-0089225		
Date Assigned:	07/23/2014	Date of Injury:	04/04/2011
Decision Date:	09/11/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 Management 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:

According to the records made available for review, this is a 58-year-old female with a 4/4/11 date of injury. At the time (5/1/14) of request for authorization for left elbow Platelet Rich Plasma (PRP) injection, there is documentation of subjective (left elbow pain) and objective (tenderness to palpation along the left lateral epicondyle) findings, current diagnoses (lateral epicondylitis), and treatment to date (left elbow platelet-rich plasma injection on 2/3/14 with greater than 50% improvement; physical therapy, and medications). In addition, medical report identifies a request for repeat PRP injection to the left elbow. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous platelet rich plasma injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Elbow Platelet Rich Plasma (PRP) injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Elbow, Platelet-rich plasma (PRP).

Decision rationale: MTUS reference to ACOEM guidelines identifies that there are no quality studies or evidence of benefit of autologous blood injections for lateral epicondylalgia (lateral epicondylitis). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that a single injection of Platelet-rich plasma (PRP) is recommended as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy (such as eccentric loading, stretching and strengthening exercises). Within the medical information available for review, there is documentation of a diagnosis of lateral epicondylitis. In addition, there is documentation of a previous Platelet-rich plasma (PRP) injection to the left elbow performed on 2/3/14; and failure of first-line physical therapy. However, despite documentation of greater than 50% improvement following previous injection, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous platelet rich plasma injection. Therefore, based on guidelines and a review of the evidence, the request for Platelet rich plasma injection with ultrasound guidance, right elbow is not medically necessary.