

Case Number:	CM14-0105416		
Date Assigned:	07/30/2014	Date of Injury:	11/20/2010
Decision Date:	03/13/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 11/20/2010. The mechanism of injury involved repetitive activity. The current diagnoses include lateral epicondylitis of the right elbow, status post lateral epicondyle release of the right elbow, rule out cubital tunnel syndrome, impingement syndrome with partial rotator cuff tear of the right shoulder, cervical spine myoligamentous sprain, and carpal tunnel syndrome in the right hand. The only clinical note submitted for review is documented on 04/17/2014. The injured worker presented with complaints of right shoulder pain, right and left elbow pain, and neck pain. Upon examination, there was 30 degree flexion of the cervical spine, increased neck pain in the cervical paravertebral muscles, 30 degree extension, 10 degree right and left lateral flexion, 60 to 65 degree right and left rotation, 60 degree flexion of the thoracic spine, 20 degree right and left lateral flexion, decreased sensation to light touch in the 4th and 5th fingers of the right and left hands, and 2+ deep tendon reflexes. There was positive impingement and Hawkins sign in the right shoulder with limited range of motion. There was also pain with resisted wrist extension bilaterally and tenderness of the lateral epicondyle on the right. Treatment recommendations at that time included physical therapy twice per week for 4 weeks for the right shoulder and platelet rich plasma injection to the right lateral epicondyle/common extensor tendon. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Of 2 Platelet-Rich Plasma Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 12th Edition (web) 2014, Elbow (updated 05/15/2014) 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) Elbow Chapter, Platelet Rich Plasma (PRP).

Decision rationale: The Official Disability Guidelines recommend a single injection of platelet rich plasma as a second line option for chronic lateral epicondylitis after first line physical therapy, such as eccentric loading, stretching, and strengthening exercises. According to the documentation provided, the injured worker has been previously treated with 2 cortisone injections as well as physical therapy for the right elbow. Despite conservative management, the injured worker continues to report persistent symptoms. Upon examination, there was tenderness at the right lateral epicondyle with positive elbow flexion test, positive Tinel's sign at the cubital tunnel, and tenderness to palpation. While platelet rich plasma injections may be considered, the current request does not include a specific body part. It is unclear whether the provider is requesting platelet rich plasma injections for the left or right elbow. Additionally, the current request is for 1 of 2 platelet rich plasma injections. The injured worker's response to the first injection would require assessment prior to the administration of a second injection. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate in this case.