

Case Number:	CM14-0185695		
Date Assigned:	11/13/2014	Date of Injury:	03/12/2013
Decision Date:	01/26/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/07/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine 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 54-year-old male with a date of injury of 03/12/2013. According to progress report dated 09/12/2014, the patient presents with constant elbow pain which radiates into the proximal arm and to the biceps area. He describes the pain as burning. Examination of the right elbow revealed "He has full range of motion of the elbow. There is no paresthesia. There is negative Tinel's at the elbow." Examination of the right shoulder revealed the patient has tenderness along the proximal biceps. He has full range of motion with mild crepitus. There is slight weakness with resisted supination. There is tenderness along the posterior triceps and lateral epicondyle and moderate tenderness along the distal biceps insertion and pain with resisted supination. The listed diagnosis is triceps lateral epicondylitis and biceps tendinosis, distal and proximal. Recommendation was for an MRI of the right shoulder to evaluate for a proximal biceps tendon tear and subluxation and a PRP injection for the elbow. The utilization review denied the request on 10/06/2014. Treatment reports from 09/16/2013 through 10/17/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection to the right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines

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: This patient presents with right shoulder and right elbow pain. The current request is for Platelet-rich plasma injection to the right elbow. ODG Guidelines under its elbow chapter has the following regarding platelet-rich plasma (PRP) injections, "Recommend single injection as a second-line therapy for chronic lateral epicondylitis as first-line physical therapy such as eccentric loading, stretching, and strengthening exercises, based on recent research below." Recent research: "These are CT showed that 49% of patients in the corticosteroid group while 73% of the patients in the PRP group were successful." Utilization review denied the request stating that there is noted functional deficits at the right elbow, and aside from medication, there was no documentation of other recommended conservative or first-line treatment choices since the injury. Review of the medical file indicates that the patient has not trialed a PRP injection for the right elbow complaints. The patient has tried conservative treatment including PT without much benefit. In this case, given patient's continued pain, a trial of platelet-rich plasma injection to the right elbow is within guidelines and supported by ODG. This request is medically necessary.