MAXIMUS Federal Services

Case Number:	CM14-0187126		
Date Assigned:	11/17/2014	Date of Injury:	01/02/2014
Decision Date:	04/21/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/12/2014

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
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 45 year old male, who sustained an industrial injury on January 2, 2014. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having bilateral lateral epicondylitis, severe, with significant improvement of left elbow symptoms following two PRP injections, and persistent severe right lateral epicondylitis. Treatment to date has included splinting, PRP injections, and medication. Currently, the injured worker complains of bilateral epicondyle pain. The Treating Physician's report dated September 29, 2014, noted the injured worker's pain significantly diminished in the left lateral epicondyle and conjoined tendon following two platelet rich plasma (PRP) injections, with the injured worker requesting two PRP injections for treatment of right lateral epicondylitis. Examination of the right elbow revealed persistent pain overlying the lateral epicondyle exacerbated by resistance to forearm supination. The treatment plan included a request for preauthorization to reschedule two PRP injections to the right lateral epicondyle, 12 acupuncture therapy sessions, and bilateral elbow MRI examinations. The injured worker was notified to work in a modified capacity wearing bilateral forearm tension band splints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma right laterla epicondyle elbow x 2: Upheld

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 chapter 'Elbow (acute & chronic)' and topic Platelet-rich Plasma.

Decision rationale: The 45 year old patient complains of persistent pain overlying the right lateral epicondyle, as per progress report dated 10/06/14. The request is for PLATELET RICH PLASMA RIGHT LATERAL EPICONDYLE ELBOW X 2. The RFA for the case is dated 10/16/14, and the patient's date of injury 01/02/14. The patient has been diagnosed with bilateral lateral epicondylitis and has been allowed to return to modified work, as per the same progress report. ODG states chapter 'Elbow (acute & chronic)' and topic Platelet-rich Plasma, Recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises. In this case, the patient has received two left lateral epicondyle platelet-rich plasma injections, which led to significant improvement in left lateral elbow pain. The patient is now suffering from persistent pain in right lateral epicondyle and the treating physician is requesting for 2 injections to the right side. However, there is no documentation that the patient has failed first-line physical therapy such as eccentric loading, stretching and strengthening exercises as required by ODG. Therefore, the request IS NOT medically necessary.