

Case Number:	CM14-0193391		
Date Assigned:	12/01/2014	Date of Injury:	03/05/2012
Decision Date:	01/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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 injured worker (IW) is a 42-year-old man with a date of injury of March 5, 2012. On that day, the IW reported the onset of pain in both hands and arms as a result of the demands of his job. The specific mechanism of injury was not documented in the medical record. He subsequently underwent a right endoscopic carpal tunnel release on March 28, 2013, which apparently resolved the injured worker's complaints of numbness and tingling. On June 6, 2013, the IW underwent a left endoscopic carpal tunnel release, which also improved his symptoms. Because of persistent right elbow pain, the IW had an MRI scan of his right elbow on August 9, 2013 which revealed a loose body in the olecranon fossa with mild lateral epicondylitis. On October 3, 2013, the IW underwent lateral epicondylar debridement/release with muscle flap coverage. Postoperatively, the IW was treated with ultrasound, heat, and physical therapy. Pursuant to the October 3, 2014 progress note, the IW complains of continues right lateral epicondyle pain. He reports a significant turn for the worse. Physical examination reveals exquisite tenderness at the lateral epicondyle. He does not have significant pain with resisted extension of the middle or index finger. His neurovascular exam was otherwise intact. The provider documents that the IW is suffering from what appears to be a flare-up of his lateral epicondylitis. The provider is recommending the IW undergo a rich plasma injection to stimulate healing. Of note, a progress note dated August 20, 2014 indicated that the IW was complaining of a flare-up to his right elbow. At that time, the treating physician instructed the IW on home exercises and prescribed Ultram ER for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Official Disability Guidelines Treatment, Integrated Treatment/Disability Duration Guidelines; Elbow (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow Section, Platelet Rich Plasma Injection

Decision rationale: Pursuant to the Official Disability Guidelines, platelet rich plasma injection of the right elbow is not medically necessary. The guidelines 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. See the guidelines for additional details. In this case, the injured worker underwent lateral epicondyle debridement and repair on October 3, 2013. The injured worker receives physical therapy post procedurally but the documentation does not state the duration of therapy. In an August 25, 2014 progress note, the documentation indicates the injured worker now had full extension of the affected elbow which he has not had in years. The documentation request dated October 20, 2014 indicates the injured worker was having a flare of the affected elbow. However, there was no documentation of recent or current physical therapy, stretching or strengthening exercises. Physical therapy is the first line therapy for chronic lateral epicondylitis prior to receiving platelet rich plasma as an injection into the right elbow. In August 2014, the treating physician instructed the injured worker on home exercises but the symptoms persisted. Ultram (an opiate) was prescribed for pain. Consequently, absent the appropriate documentation with first-line therapy such as stretching and strengthening exercises (physical therapy), platelet rich plasma injection of the right elbow is not medically necessary.