MAXIMUS Federal Services

Case Number:	CM14-0206040		
Date Assigned:	12/18/2014	Date of Injury:	02/06/2008
Decision Date:	02/25/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 53-year-old man with a date of injury of February 6, 2008. The mechanism occurred as a result of lifting heavy metal and sustaining an elbow strain. The injured worker's working diagnoses are right elbow internal derangement; right shoulder internal derangement; depression/anxiety with chronic pain syndrome; cervical radiculopathy (non-industrial); and double crush pain of elbow. Pursuant to the progress report dated October 23, 2014, the IW reports pain in the elbow is unchanged. He has GI upset and vomiting with Voltaren. Ointments have not helped. The IW is taking Vicodin ES 3-4/day. He continues to complain of neck pain that radiates down his arms in the C6 distribution. Examination of the right elbow reveals increased pain with extension, torching, pronate, and supine. Sensation is decreased in the right arm and forearm in C6. Decreased right grip strength is noted. The treating physician is requesting medications refills, and platelet rich plasma injection for the right elbow as part of future medical care. The current request is for Platelet Rich Plasma (PRP) injection for the right elbow and right trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: PRP (Platelet Rich Plasma) injection for right elbow and right trapezius:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILTY GUIDELINES (ODG)

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

Decision rationale: Pursuant to the Official Disability Guidelines, platelet rich plasma injection for the right elbow and right trapezius is not medically necessary. Platelet rich plasma is recommended as a single injection as a second line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises, based on recent research below. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses on an October 23, 2014 progress note are right elbow internal derangement; right shoulder internal derangement; depression/anxiety with chronic pain syndrome; cervical radiculopathy (nonindustrial); and double crush pain of elbow. The right elbow (objectively on exam) was notable for "pain increasing the elbow extension, torturing, probation and supination sensation is decreased in right arm and forearm in C6". There are no diagnoses listed indicating chronic lateral epicondylitis. The 46 page medical record did not contain evidence of first-line physical therapy. Additionally, platelet rich plasma is not indicated for the right trapezius. There is no clinical indication of clinical rationale for a right trapezius platelet rich plasma injection. Consequently, absent clinical documentation to support a platelet rich plasma injection to the right elbow and trapezius, no evidence of a prior first line physical therapy, platelet rich plasma injections for the right elbow and right trapezius is not medically necessary.