

Case Number:	CM15-0002938		
Date Assigned:	01/13/2015	Date of Injury:	01/15/2009
Decision Date:	03/23/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/06/2015

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 50-year-old male who reported an injury on 01/15/2009. The current diagnoses include right shoulder impingement syndrome, right elbow lateral epicondylitis, and psych disorder. The injured worker presented on 12/09/2014 with complaints of persistent right shoulder and elbow pain. Upon examination, there was tenderness at the right greater tuberosity with positive impingement sign. There was tenderness at the right lateral epicondyle with positive Cozens sign. Recommendations included a platelet rich plasma injection. A Request for Authorization form was then submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma (PRP) Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Elbow procedure summary shoulder procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Elbow Chapter, Platelet-rich plasma (PRP).

Decision rationale: The Official Disability Guidelines state platelet rich plasma injections are currently under study as a solo treatment. They are recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Platelet rich plasma injections are recommended 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, there was no documentation of a recent attempt at any conservative treatment for the elbow. The current request does not include a specific body part. Given the above, the request is not medically appropriate.