

Case Number:	CM15-0004309		
Date Assigned:	01/15/2015	Date of Injury:	04/12/2010
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old male, who sustained an industrial injury on April 12, 2010. The injured worker has reported injuries involving his hands, wrists, forearms, elbows, shoulders and cervical and thoracic spine. The diagnoses have included acute and recurrent extensor strain with associated tendinitis and tendinosis, de Quervain's tenosynovitis worse on the right, multiple trigger fingers bilaterally, status post trigger releases of the right thumb and index finger, carpal tunnel syndrome right worse than the left, radial nerve entrapment right worse than the left and cervical radiculopathies and moderate severe synovitis and severe degenerative joint disease of the left thumb. Treatment to date has included pain medication and a cervical epidural steroid injection on April 25, 2014. The cervical epidural steroid injection performed on April 25, 2014 was noted to give the injured worker fifty percent symptomatic benefit. Current documentation dated October 14, 2014 notes that the injured worker complained most of a constant right elbow and proximal forearm pain. He also noted severe cervical spine tightness. Cervical range of motion was noted to be decreased. Examination of the elbow revealed severe tenderness over the extensor tendon origins bilaterally. Forearms revealed moderate diffuse tenderness. MRI scan confirmed a partial tear and tendinosis. On December 17, 2014 Utilization Review non-certified the requested surgery and associated surgical service: harvest/arthrex "Angel" platelet-rich-plasma (PRP) system. MTUS, ACOEM Guidelines, were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of the surgery and associated surgical service: harvest/arthrex "Angel" platelet-rich-plasma (PRP) system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: harvest/arhtres platelet-rich-plasma (PRP) system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): (s) 30-33.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Elbow, Topic: Platelet rich plasma

Decision rationale: The request for authorization dated 12/11/2014 was for a right elbow arthrotomy with debridement and repair of the common extensor tendon and left thumb and index finger trigger finger releases and platelet rich plasma system to enhance the potential of healing of the right elbow. This IMR pertains to the Platelet Rich Plasma only as an associated surgical service. ODG guidelines recommend a single injection of platelet rich plasma as a second line therapy for chronic lateral epicondylitis after the first line physical therapy such as eccentric loading, stretching, and strengthening exercises, based on recent research. A small pilot study found that 15 patients with chronic elbow tendinosis treated with buffered platelet rich plasma showed an 81% improvement in their visual analogue pain scores after 6 months and concluded that PRP should be considered before surgical intervention. PRP was better than corticosteroid injections in relieving pain and improving function in patients with chronic severe lateral epicondylitis but the study concluded that PRP should be reserved for the most severe cases since 80% of tennis elbows will be cured spontaneously without doing anything within a year. The request as stated is for platelet rich plasma as an associated surgical service or an adjunct to arthrotomy of the elbow. The harvest system or the Arthrex system are mentioned. The documentation provided does not indicate certification of the surgical procedure. As such, since the surgery has not been certified as medically necessary, the associated injection of platelet rich plasma as requested as an adjunct to the surgery is not applicable and the medical necessity cannot be established.