

Case Number:	CM15-0007445		
Date Assigned:	01/22/2015	Date of Injury:	08/29/2013
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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 51-year-old female who reported an injury on 08/29/2013. The mechanism of injury was repetitive motion. Her diagnoses include left lateral epicondylitis and left wrist pain. Her past treatments are noted to include physical therapy, massage, medications, activity modification, home exercises, and acupuncture. At her followup visit on 12/02/2014, it was noted that 5 previous sessions of acupuncture had improved her symptoms and decreased her pain from a 9/10 to a 3/10. Therefore, additional sessions of acupuncture were recommended. Additionally, a platelet rich plasma injection was recommended as previous injections had been effective. Her symptoms were noted to include left shoulder and left elbow pain. Physical examination revealed tenderness to palpation, decreased range of motion, decreased motor strength to 4-/5, and decreased grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Acupuncture Sessions (Left Upper Extremity/Elbow) 1-2x/Wk For Total Of 6:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the California MTUS Guidelines, continued acupuncture treatment should be based on documentation of objective functional improvement after an initial trial. The clinical information submitted for review indicated that the injured worker had completed 5 sessions of acupuncture with improvement in her symptoms and decreased pain. However, the documentation did not clearly show evidence of objective functional improvement with her previous 5 sessions of acupuncture. Therefore, additional sessions are not supported by the evidence based guidelines. As such, the request for continued acupuncture is not medically necessary.

Platelet Rich Plasma Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Elbow Procedure Summary last updated 5/15/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: According to the California MTUS/ACOEM Guidelines, platelet rich plasma injections are not recommended as there are no quality studies of this treatment for lateral epicondylalgia. The injured worker was noted to have lateral epicondylitis of the left elbow, and to have had improvement with previous injections. However, details regarding this improvement including objective evidence of pain relief and functional improvement were not provided. In addition, the guidelines specifically state this treatment is not recommended for lateral epicondylitis at this time. Therefore, the request for platelet rich plasma injection is not medically necessary.