

Case Number:	CM15-0136900		
Date Assigned:	07/24/2015	Date of Injury:	04/28/2015
Decision Date:	08/26/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for elbow pain reportedly associated with an industrial injury of April 28, 2015. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve request for an autologous plasma injection for the right elbow. The claims administrator referenced a June 15, 2015 progress note in its determination. The claims administrator cited non-MTUS ODG Guidelines on autologous blood injections and platelet-rich plasma injections in its determination. The applicant's attorney subsequently appealed. On June 15, 2015, the applicant reported ongoing complaints of elbow pain reportedly attributed to cumulative trauma at work. The claimant was off of work, it was reported. The claimant's employer was unable to accommodate suggestive limitations. The claimant exhibited tenderness about the medial and lateral epicondylar regions. An autologous plasma injection was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autologous Conditioned Plasma Injection 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 (ODG) - Online Version - Autologous blood injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Elbow Disorders, pg. 489 PLATELET RICH PLASMA INJECTIONS.

Decision rationale: No, the proposed autologous conditioned plasma injection for the right elbow was not medically necessary, medically appropriate, or indicated here. The request, it is incidentally noted, was somewhat ambiguous. It was not clearly stated whether this request represented a request for an autologous blood injection or a platelet-rich plasma injection. The MTUS Guideline in ACOEM Chapter 10, Table 5, page 45 notes that autologous blood injections are "not recommended" in the management of lateral epicondylalgia, as was present here. While the Third Edition ACOEM Guidelines Elbow Chapter notes that platelet-rich plasma injection treatments are recommended in the treatment of chronic lateral epicondylalgia lasting at least six months which has proven recalcitrant to other treatments such as NSAIDs, time, medications, stretching, strengthening, and at least one glucocorticosteroid injection, here, however, the June 15, 2015 progress note on which the injection in question was proposed made no mention of the applicant's having failed a corticosteroid injection. The ambiguous nature of the request, as noted previously, makes it difficult to support, as it is unclear whether the request represents a request for platelet-rich plasma injection or an autologous blood injection. Nevertheless, neither the MTUS Guideline in ACOEM Chapter 10 nor the Third Edition ACOEM Guidelines support either autologous blood injections or platelet-rich plasma injections in the clinical context present here on or around the date of the request, June 15, 2015. Therefore, the request was not medically necessary.