

Case Number:	CM15-0142802		
Date Assigned:	08/03/2015	Date of Injury:	05/09/1997
Decision Date:	09/04/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/23/2015

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 54 year old female with an industrial injury dated 05-09-1997. The injured worker's diagnoses include carpal tunnel syndrome, lesion of the ulnar nerve, medial epicondylitis of right elbow, lateral epicondylitis of right elbow, rotator cuff sprain and strain, neck sprain and strain, and lumbar sprain and strain. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, two platelet rich plasma injections and periodic follow up visits. In a progress note dated 06-24-2015, the injured worker presented for complaints of the neck, right elbow and back and a postoperative recheck of a carpal tunnel release performed on 12-22-2014. Right elbow exam revealed moderate tenderness to palpitation over the lateral epicondyle and medial epicondyle, and mild pain at the lateral elbow with resisted wrist extension and positive Cozen test. The treating physician prescribed services for platelet rich plasma injection to right elbow now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection to right elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Elbow (acute & chronic)' Chapter, topic 'Platelet-rich Plasma'.

Decision rationale: The patient presents with neck, elbow, hand/wrist, and back pain. The request is for PLATELET RICH PLASMA INJECTION TO RIGHT ELBOW. The request for authorization is dated 07/01/15. The patient is status post left carpal tunnel release, 12/22/14. Status post PRP injections, 01/16/12 and 10/24/14. Physical examination of the RIGHT elbow reveals moderate tenderness to palpation over the lateral epicondyle, mild tenderness over the medial epicondyle. There is mild pain at the lateral elbow with resisted wrist extension. Cozen test positive. The symptoms are localized to the RIGHT elbow. Patient does get some intermittent flare-ups of medial RIGHT elbow. Occasionally, she has difficulty putting pressure on the medial side due to increase pain. Patient has been experiencing constant pain of RIGHT lateral elbow prior to the 2 PRP's she had. The pain reduced to intermittent after the PRP. Patient feels she did get some relief with PRP. She has been noticing recently that she is experiencing increased lateral burning pain RIGHT elbow. Ordered home exercise program, applying ice recommended, scar massage, ROM exercises, and strengthening exercises. Patient's medication include Vicoprofen. Per progress report dated 06/24/15, the patient is returned to full duty. ODG states chapter 'Elbow (acute & chronic)' and topic 'Platelet-rich Plasma', "Recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises. 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." Per progress report dated 06/24/15, treater's reason for the request is "Patient has had good improvement from the PRP injections. She was able to increase use and function of her elbow and decrease use of NSAIDs." In this case, the patient is suffering from recent flare-ups of intermittent pain in RIGHT medial and lateral epicondyle and the treating physician is requesting another injection to the RIGHT side. ODG guidelines recommend PRP for severe chronic lateral epicondylitis cases, however, physical examination findings indicate only mild to moderate epicondylitis for this patient. Review of provided medical records show the patient has had 2 prior PRP injections, however, ODG guidelines recommend "single" injection. Therefore, the request IS NOT medically necessary.