

Case Number:	CM15-0160765		
Date Assigned:	08/27/2015	Date of Injury:	05/18/2010
Decision Date:	09/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 48-year-old female who sustained an industrial injury on May 18, 2010 resulting in left elbow pain. Diagnoses have included left elbow lateral epicondylitis with tearing of the extensor origin, cubital tunnel syndrome, and ulnar nerve lesion. Documented treatment has included unspecified injection, therapy, and medication, which are stated in the July 21, 2015 physician's progress report to have not been helpful. The injured worker continues to present with left elbow pain and left arm weakness. The treating physician's plan of care includes 1 platelet rich plasma injection for the left elbow under ultrasound guidance. Work status is temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 platelet rich plasma (PRP) injection for left elbow under ultrasound guidance:

Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow, PRP injection.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states PRP injections to the elbow can be considered as a second line option for chronic lateral epicondylitis after failure of first line treatment options. The patient has had documented failure of first line treatment option including physical therapy. Therefore the request is certified.