

Case Number:	CM15-0180163		
Date Assigned:	09/22/2015	Date of Injury:	10/22/2012
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 48 year old male with a date of injury on 10-22-2012. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow lateral epicondylitis. According to the progress report dated 8-4-2015, the injured worker was seen for follow up for his right elbow lateral epicondylitis. He noted some improvement due to decreased functional use as he had been off the line and was on an administrative job. He reported a dull ache in his left elbow. The physical exam (8-4-2015) revealed tenderness to palpation laterally over the lateral epicondyle. Per the progress report dated 5-5-2015, the injured worker had marked improvement from a previous for platelet rich plasma injection. The request for authorization dated 8-11-2015 was for platelet rich plasma right elbow. The original Utilization Review (UR) (8-18-2015) denied a request for platelet rich plasma injection to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat platelet rich plasma injection to right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Platelet rich plasma.

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

Decision rationale: Pursuant to the Official Disability Guidelines, repeat platelet rich plasma to the right elbow is not medically necessary. The guidelines 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. In this case, the injured worker's working diagnosis is persistent lateral epicondylitis. Date of injury is November 22, 2012. Request for authorization is August 11, 2015. According to August 4, 2015 progress note, the injured worker's complaints are right lateral epicondylitis. Objectively, there is tenderness to palpation over the lateral condyle. The injured worker had a repeat platelet rich plasma injection May 5 2015. There was no documentation demonstrating objective functional improvement, although there was more improvement. The guidelines recommend a single injection as a second line therapy for chronic lateral epicondylitis after first-line physical therapy. Additionally, there is no documentation of physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for repeat platelet rich plasma injections and no documentation of physical therapy, repeat platelet rich plasma to the right elbow is not medically necessary.