

Case Number:	CM15-0191807		
Date Assigned:	10/05/2015	Date of Injury:	08/06/2013
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 31 year old female who sustained an industrial injury on 8-6-13. The medical records indicate that the injured worker is being treated for triangular fibrocartilage complex tear; chronic pain; significant opioid dependence; left wrist sprain-strain. She currently (8-18-15) complains of continued left wrist pain. Per the 7-7-15 note there was decreased range of motion and severe pain. The 8-6-15 qualified medical exam noted a pain level of 8-10 out of 10. She needs "a lot of help in most aspects of her self-care" (8-6-15). On physical exam (8-6-15) of the left wrist there was tenderness and muscle spasms. She had an MRI of the left wrist (10-1-13) showing a tiny focal tear of the radial portion of the triangular fibrocartilage complex; MRI of the left wrist (12-1-14) showing a worn appearance of the triangular fibrocartilage complex. She was treated with medications: (current); Percocet, Soma, ibuprofen; pain (past): nabumetone, polar frost gel; wrist support; physical therapy; cortisone injection without benefit. The request for authorization was not present. On 9-23-15 Utilization Review non-certified the request for platelet rich plasma injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Platelet-rich plasma (PRP).

Decision rationale: The MTUS CPMTG is silent on the use of platelet-rich plasma. Per the ODG guidelines with regard to PRP: Not recommended. There are no published studies for the forearm, wrist, and hand. As the guidelines do not recommend the requested treatment, medical necessity cannot be affirmed. Therefore, the requested treatment is not medically necessary.