

Case Number:	CM15-0193170		
Date Assigned:	10/07/2015	Date of Injury:	12/30/2012
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 59 year old male, who sustained an industrial injury on 12-30-12. The injured worker was diagnosed as having closed fracture of navicular bone left wrist; status post non-union left wrist. Treatment to date has included medications. Currently, the PR-2 notes dated 8-20-15 indicated the injured worker presented for a follow-up evaluation for the left wrist fracture; non-union ORIF 9-8-14. The injured worker reports he still has continuous pain in the region of the wrist with activity. Physical examination there is tenderness to palpation documented about the "snuffbox." The provider does not note any erythema but there is reduced range of motion and full digital range of motion. The provider reviewed x-rays of the left wrist and documents; "X-rays demonstrate what appears to be some element of consolidation about the radial aspect of the scaphoid but no consolidation about the ulnar aspect of the scaphoid. Diagnosis scaphoid delayed union." The provider documents "Discussion the patient's situation is a challenging one he is now completely stopped smoking. This will help him significantly. At this point less traditional - the additional of platelet rich plasma represents an opportunity to achieve healing without operative intervention. Well a fusion may be indicated at some point. I believe that if he were to not have healing with the use of the platelet rich plasma that had still been with attempting a vascularized bone graft. I discussed the matter with the patient and agreeable to this plan." X-rays report dated 4-7-15 left wrist was submitted for this review and impression: "Continued non-union of the scaphoid fracture." A Request for Authorization is dated 9-15-15. A Utilization Review letter is dated 9-4-15 and non-certification for a Platelet rich plasma injection left wrist. A request for authorization has been received for a Platelet rich plasma injection left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection left wrist: 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), Forearm, wrist and hand.

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 is silent on Platelet Rich Plasma (PRP) injections, but according to the ODG, "Not recommended. There are no published studies for the forearm, wrist, and hand." Therefore, PRP injection of the Platelet rich plasma injection left wrist is not medically necessary.