

Case Number:	CM15-0202314		
Date Assigned:	10/19/2015	Date of Injury:	06/07/2015
Decision Date:	12/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 6-07-2015. The injured worker was diagnosed as having left lateral epicondylitis. Treatment to date has included physical therapy, counterforce brace, and medications. On 8-31-2015, the injured worker complains of left elbow pain, rated 5-6 out of 10. Exam noted exquisite tenderness extensor carpi radialis brevis region and left lateral epicondyle and increased pain with resisted wrist dorsiflexion. Medications included Tramadol, Ibuprofen, and Robaxin. Work status was modified and she was not working. The treatment plan included platelet rich plasma injection for the left elbow, general anesthesia for PRP injection, complete blood count, basic metabolic panel, and electrocardiogram, non-certified by Utilization Review on 9-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP (platelet rich plasma) injection, left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow - Platelet rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter-- Platelet-rich plasma (PRP) and Other Medical Treatment Guidelines <http://orthoinfo.aaos.org>.

Decision rationale: As per Official Disability Guidelines (ODG), According to this short-term RCT, neither steroids nor platelet-rich plasma injections are any better than injections of inactive salt water for treating tennis elbow. After one month, pain had dropped by almost 10 points on a 50-point scale among people who'd had steroid injections, compared to less than two points for the PRP and saline groups. Elbow function had also improved significantly more for people injected with steroids. However, at three months, any extra benefit due to steroids had disappeared and pain and functioning were similar across all three groups. The study did not follow patients for enough time to see the long-term effects of platelets. In other studies, PRP patients continue to improve, and the glucocorticoid patients revert back to normal, as steroids only provide short-term relief and may actually damage the tendon further with repeat injections. For people who have had tendon problems for weeks rather than months or years, watchful waiting might be the most appropriate treatment, since after a year, 80% of people with tennis elbow will be cured. (Krogh, 2013) The results of this study indicated that PRP is an effective option to successfully treat partial ulnar collateral ligament (UCL) tears of the elbow in athletes. At an average follow-up of 70 weeks, 88% of athletes had returned to the same level of play without any complaints, and the average time to return to play was 12 weeks. (Podesta, 2013) Results from this systematic review of injection therapies in lateral epicondylitis found that both autologous blood and platelet-rich plasma were statistically superior to placebo, but there were issues of potential bias. (Krogh, 2013) According to Cochrane, the evidence for all primary PRP outcomes is very low quality. When pooling data for all conditions, not just epicondylitis, they concluded that there is insufficient evidence to support the use of PRP for treating musculoskeletal soft tissue injuries, and said there is need for standardization of PRP preparation methods. According to American Academy of Orthopaedic Surgeons, Current research on PRP and lateral epicondylitis is very promising. A few treatment centers across the country are incorporating PRP injections into the nonsurgical treatment regimen for lateral epicondylitis. However, this method is still under investigation and more research is necessary to fully prove PRP's effectiveness. Review of submitted Records provide no clear rationale that meets the recommended guidelines for this requested treatment. Without such evidence, and based on guidelines, the request for PRP (platelet rich plasma) injection, left elbow is not medically necessary and appropriate.

Associated surgical service: General anesthesia (for PRP (platelet rich plasma) injection, left elbow): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: CBC (complete blood count): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative lab testing.

Decision rationale: As per Official Disability Guidelines (ODG) Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: BMP (basic metabolic panel): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative lab testing.

Decision rationale: As per Official Disability Guidelines (ODG) Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: EKG (electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: As per ODG, Preoperative electrocardiogram (ECG) is Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.