

Case Number:	CM15-0205655		
Date Assigned:	10/22/2015	Date of Injury:	12/31/1986
Decision Date:	12/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/19/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70 year old female who sustained an industrial injury on 12-31-1986. A review of the medical records indicates that the worker is undergoing treatment for lumbar spine strain, osteoarthritis- knee, sprain of knee and leg not otherwise specified, and (noted 7-22-15) bilateral carpal tunnel syndrome, status post bilateral carpal tunnel surgery with trigger finger injury of the left third and fourth digits with recurrence of the left sided carpal tunnel syndrome highly suspected. Subjective complaints (9-2-15) include severe left knee pain and bilateral hand pain. Objective findings (9-2-15) include arthritis of the carpometacarpal, right greater than left thumb and stiff left knee. Findings (5-20-15) note second degree burns on the chest and right breast area, was seen in the emergency room and reports while cooking, she dropped a pan of oil, pain persists, both hands and thumbs are weak. Previous treatment includes aquatic therapy and oral analgesics. The treatment plan includes the left knee was injected with 5cc of (PRP) Protein Rich Plasma, return in 6 weeks for third PRP, continue aquatic therapy, needs home attendant 6 hours per week, and wants PRP to bilateral thumbs. The requested treatment of (PRP) Platelet Rich Plasma injections to the left thumb carpometacarpal (CMC) joint, quantity: 3 and (PRP) Platelet Rich Plasma injections to the right thumb carpometacarpal (CMC) joint, quantity: 3 was denied on 9-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma (PRP) injections to right thumb CMC joint qty: 3.00: 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 (Acute and Chronic), Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist and hand, PRP.

Decision rationale: The patient presents with pain affecting the left knee and bilateral hands. The current request is for Platelet rich plasma (PRP) injections to right thumb CMC joint qty: 3.00. The treating physician report dated 9/2/15 (8B) notes that the patient wanted PRP injections in the bilateral thumbs. No rationale was provided for the current request. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding PRP injections: "Not recommended. There are no published studies for the forearm, wrist, and hand." In this case, the ODG guidelines do not recommend PRP injections of the thumb. The current request is not medically necessary.

Platelet rich plasma (PRP) injections to left thumb CMC joint qty: 3.00: 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 (Acute and Chronic), Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist and hand, PRP.

Decision rationale: The patient presents with pain affecting the left knee and bilateral hands. The current request is for Platelet rich plasma (PRP) injections to left thumb CMC joint qty: 3.00. The treating physician report dated 9/2/15 (8B) notes that the patient wanted PRP injections in the bilateral thumbs. No rationale was provided for the current request. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding PRP injections: "Not recommended. There are no published studies for the forearm, wrist, and hand." In this case, the ODG guidelines do not recommend PRP injections of the thumb. The current request is not medically necessary.