MAXIMUS Federal Services

Case Number:	CM15-0207495		
Date Assigned:	10/26/2015	Date of Injury:	07/02/2011
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female, who sustained an industrial injury on 7-2-11. The documentation on 9-23-15 noted that the injured worker has complaints of experiencing difficulty sleeping; psychological problems; financial and job uncertainty; pain for more than one week; headaches; dizziness; ringing in the ears; loss of balance; bowel and bladder incontinence and scarring of the skin. Right elbow examination revealed range of motion from 15 degrees to 120 degrees; pronation and supination are 90 degrees and there is tenderness dorsally. The diagnoses have included continuous trauma injury; status post right elbow lateral epicondyle release and right elbow sprain and strain with recurrent pain. Treatment to date has included right elbow surgery on 11-3-12. The original utilization review (10-15-15) modified he request for platelet rich plasma injection of the right elbow under general anesthesia to platelet rich plasma injection of the right elbow. The request for labs complete blood count, basic metabolic profile and electrocardiogram was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection of the right elbow under general anesthesia: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Elbow, Topic: Platelet rich plasma.

Decision rationale: ODG guidelines recommend platelet rich plasma as a single injection for second line therapy for chronic lateral epicondylitis after first line physical therapy such as eccentric loading, stretching, and strengthening exercises based on recent research. Although platelet rich plasma injection is recommended, the guidelines do not recommend general anesthesia for the injection. The documentation submitted does not indicate the rationale as to why general anesthesia is necessary for the injection. As such, the medical necessity for the PRP injection under general anesthesia is not established.

Labs: CBC, BMP, EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative testing, laboratory, Preoperative Electrocardiogram, Preoperative testing, general.

Decision rationale: With regard to the request for preoperative labs ODG guidelines recommend a history and physical examination with laboratory workup depending upon the comorbidities. In this case, the primary procedure is not necessary and so the request for preoperative laboratory workup is not supported and the medical necessity of the request has not been substantiated.