

Case Number:	CM15-0027199		
Date Assigned:	02/19/2015	Date of Injury:	06/01/2005
Decision Date:	04/08/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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

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 47-year-old male, who sustained an industrial injury on 6/1/05. He has reported right upper extremity injury. The diagnoses have included repetitive injury to right upper extremity and right lateral epicondylitis. Treatment to date has included autologous platelet rich plasma (PRP/ACP) injection to right elbow, acupuncture, oral medications, and topical medications. Currently, the injured worker complains of right lateral elbow pain and right wrist pain. On physical exam dated 12/22/14, it is noted there was tenderness overlying the extensor conjoint tendon, exacerbated by resistance to forearm supination, associated tenderness on palpation of volar wrist and forearm and full active motion of bilateral elbows, wrists and hands. On 1/12/15 Utilization Review non-certified acupuncture eval and treat, noting the lack of documentation of objective improvement from previous acupuncture sessions; PRP injection right lateral elbow times 1, lack of documentation of improvement from previous injection; Flector Patches 1.3%, noting it is recommended for osteoarthritis or failure of oral NSAIDS, neither of which is documented. The MTUS, ACOEM Guidelines, was cited. On 1/2/15, the injured worker submitted an application for IMR for review of acupuncture eval and treat, PRP injection right lateral elbow times 1 Flector Patches 1.3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with right elbow pain, right wrist pain. The treater has asked for ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT ELBOW on 12/22/14. Review of the reports do not show any evidence of acupuncture being done in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. The patient is currently working full time. In this case, the patient has not had prior acupuncture, and a trial of 3-6 sessions would be reasonable. The requested 12 sessions, however, exceed MTUS guidelines. The request IS NOT medically necessary.

Flector ptches 1.3%: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with right elbow pain, right wrist pain. The treater has asked for FLECTOR PATCHES 1.3% on 12/22/14. MTUS recommends NSAIDS for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. The patient is currently working full time. In this case, the patient presents with right elbow epicondylitis, and a trial of request flector patches 1.3% #60 appears reasonable. The request IS medically necessary.

Platelet rich plasma (PRP) injection right lateral elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines - Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter online for: Platelet-rich plasma (PRP).

Decision rationale: This patient presents with right elbow pain, right wrist pain. The treater has asked for PLATELET RICH PLASMA INJECTION RIGHT LATERAL ELBOW on 12/22/14. The patient had a prior platelet rich plasma injection which good benefit per 12/22/14 report. Regarding platelet-rich plasma injections, ODG guidelines state that it's under study and that there is some support for chronic, refractory tendinopathy and early osteoarthritis. ODG does not

provide recommendations regarding repeat injections. It states "that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients." The patient is currently working full time. In this case, the patient has tendinopathy and a PRP injection would be indicated. However, the patient just had an injection on 9/6/13 and it would appear premature to repeat the PRP injection. ODG does not provide research support for repeat injections. The request IS NOT medically necessary.