MAXIMUS Federal Services

Case Number:	CM15-0212586		
Date Assigned:	11/02/2015	Date of Injury:	11/03/2014
Decision Date:	12/22/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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: Pennsylvania, Ohio, 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 48 year old female with an industrial injury date of 11-03-2014. Medical record review indicates she is being treated for left medial epicondylitis. Subjective complaints (09-24-2015) included left elbow pain described as burning and throbbing rated as 6 out of 10. She reported her pain had improved. The pain is described as constant, brought on with heavy lifting, pushing and pulling. It is improved with ice and acupuncture. The treating physician indicated the injured worker was taking her medication as prescribed without any reported side effects "but with limited success." Work status (09-24-2015) is documented as modified duty. Prior treatment included acupuncture ("only 1 treatment so far"). Other treatment documented in (08-06-2015) included TENS unit in physical therapy with "good benefit." Current medications (09-24-2015) included Cymbalta, Gabapentin and Voltaren gel. Physical exam (09-24-2015) of the left elbow noted tenderness in the medial epicondyle, which increased with resisted wrist flexion. Elbow range of motion was unrestricted. On 10-19- 2015 the request for one platelet rich plasma injection of the medial epicondyle was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Platelet-rich plasma injection of the medial epicondyle: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Platelet Rich Plasms.

Decision rationale: MTUS is silent on this issue. ODG recommends Platelet Rich Plasma treatment only in a research setting. This is an experimental treatment with minimal published clinical evidence to support its use. This request is not medically necessary.