

Case Number:	CM15-0222514		
Date Assigned:	11/18/2015	Date of Injury:	06/13/2014
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/12/2015

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: Emergency 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 41 year old female, who sustained an industrial injury on 6-13-2014. A review of the medical records indicates that the injured worker is undergoing treatment for bilaterally developing sympathetically mediated pain syndrome left upper extremity, lateral epicondylitis of the left elbow, and Complex Regional Pain Syndrome (CRPS) of the upper limb. On 10-21-2015, the injured worker reported persistent swelling and pain in the left upper extremity. The Primary Treating Physician's report dated 10-21-2015, noted the physical examination showed a lot of tenderness over the lateral epicondyle on the left. The Physician noted a 2-14-2015 MRI that showed a mild to intermediate grade tearing of the common extensor tendon at its origin. The Physician noted the injured worker had 2 prior Cortisone injections and was still quite symptomatic, with the next step consideration for a platelet rich plasma injection for her resistant lateral epicondylitis. The treatment plan was noted to include a request for a platelet rich plasma injection. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 10-21-2015, requested a platelet rich plasma injection for the left elbow. The Utilization Review (UR) dated 10-29-2015, non-certified the request for a platelet rich plasma injection for the left elbow.

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 for the left elbow: Overturned

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

Decision rationale: The requested 1 Platelet rich plasma injection for the left elbow, is medically necessary. CA MTUS is silent. Official Disability Guidelines, Elbow, Platelet-rich plasma (PRP), note: "Recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises. The injured worker has persistent swelling and pain in the left upper extremity. The Primary Treating Physician's report dated 10-21-2015, noted the physical examination showed a lot of tenderness over the lateral epicondyle on the left. The Physician noted a 2-14-2015 MRI that showed a mild to intermediate grade tearing of the common extensor tendon at its origin. The Physician noted the injured worker had 2 prior Cortisone injections and was still quite symptomatic, with the next step consideration for a platelet rich plasma injection for her resistant lateral epicondylitis. The treating physician has documented failed initial therapy for chronic epicondylitis. The criteria noted above having been met, 1 Platelet rich plasma injection for the left elbow is medically necessary.