

Case Number:	CM15-0050502		
Date Assigned:	03/24/2015	Date of Injury:	03/20/2003
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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 50 year old male, who sustained an industrial injury on 03/20/2003 reporting bilateral shoulder and back pain resulting from a fall and diagnosis was sprain/strain lumbar spine. On provider visit dated 01/23/2015 the injured worker has right elbow pain and right shoulder pain and bilateral sacroiliac joints. On examination right elbow revealed positive tenderness over the lateral epicondyle and a positive Tinel's sign over the ulnar nerve. Lumbar and cervical spine revealed tenderness to palpation of paraspinals musculature. And a decreased range of motion due to pain. And tenderness was noted over right hip greater trochanter area. The diagnoses have included cervical discopathy with disc displacement and right elbow later epicondylitis. Treatment to date has included medication, laboratory studies and physical therapy. The provider requested laboratory studies for medical treatment compliance and 1 PRP Injection of the right lateral epicondyle to help with epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 on-site collection with off-site confirmatory analysis using high-complexity laboratory test protocols including GC/MS, LC/MS, and elisa technology for medical treatment compliance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Chapter under the Urine Drug Testing.

Decision rationale: ODG guidelines, Pain (Chronic) Chapter under the Urine Drug Testing section states that chromatography/mass spectrometry (GM/MS) or liquid chromatography mass spectrometry (LC/MS/MS) are considered confirmatory tests, and particularly important when results of a test are contested. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. The reason for the request is not provided. The patient had a urine toxicology conducted on 01/23/15 which revealed that he was not compliant with his medications. Hydromorphone, a medication not on his prescription, was detected in the patient's UDS. The most recent report provided from 02/23/15, indicates that the patient is taking Norco, Soma, Nalfon, and Prilosec. Given that the patient was not compliant with his prior urine drug screen and is currently prescribed with opioids, a confirmatory test appears reasonable. Therefore, the requested confirmatory test is medically necessary.

1 PRP Injection of the right lateral 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), Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter 'Elbow (acute & chronic)', 'Platelet-rich Plasma.

Decision rationale: The patient was injured on 03/20/03 and presents with pain over the bilateral sacroiliac joints, right shoulder pain, and right elbow pain. The request is for 1 PRP Injection of the Right Lateral Epicondyle to help with epicondylitis. The utilization review denial rationale is that the patient was not currently utilizing opioids; there is no need for monitoring with this type of testing. The RFA is dated 02/23/15 and the patient's work status is unknown. The report with the request is not provided. ODG states chapter 'Elbow (acute & chronic)' and topic 'Platelet-rich Plasma, 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. On examination right elbow revealed positive tenderness over the lateral epicondyle and a positive Tinel's sign over the ulnar nerve. He is diagnosed with right elbow lateral epicondylitis. Review of the reports provided does not indicate if the patient had any prior physical therapy as required by ODG Guidelines. Therefore, the requested PRP injection of the right lateral epicondyle is not medically necessary.