

Case Number:	CM15-0056839		
Date Assigned:	04/01/2015	Date of Injury:	01/21/2014
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on 01/21/2014. The initial complaints or symptoms included left elbow pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medication, x-rays and MRI of the left elbow (07/14/2014), functional capacity evaluation, physical therapy, and massage therapy. Currently, the injured worker complains of ongoing left posterior elbow pain. The diagnoses include left distal triceps tendinosis with partial tear. The treatment plan consisted of platelet rich plasma injection to the distal triceps tendon with ultrasound guidance followed by 12 additional physical therapy sessions for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 6 to left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, physical therapy.

Decision rationale: The MTUS and ODG do not specifically address physical therapy after PRP injection in cases of triceps tendinosis or triceps partial tears, however, the case involves a patient who has already had 18 sessions of physical therapy. The provided documents do not indicate that the patient is a candidate for surgery; however, a PRP injection is a procedural intervention that may result in improved efficacy with post-procedural physical therapy. Without clear indication for 12 further visits to physical therapy, the request to modify the request to 6 visits with an opportunity to evaluate for functional improvement and pain improvement is reasonable, especially given the evidence of already normal strength and full range of motion. In this case because the modification to six visits of therapy after PRP injection with opportunity to document pain and functional improvement prior to request for additional therapy is reasonable, the initial request for 12 visits prior to re-evaluation is not considered medically necessary. If there is evidence of continued objective improvement after six visits to therapy status-post PRP injection, further approval of physical therapy should be considered. Therefore, the requested treatment is not medically necessary.