

Case Number:	CM15-0057025		
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 January 21, 2014. He reported feeling a twinge in the left elbow with intermittent pain. The injured worker was diagnosed as having left distal tricep tendinosis and partial tear. Treatment to date has included MRI, x-rays, physical therapy, ice, heat, rest, massage therapy, and non-steroidal anti-inflammatory medication. On December 22, 2014 the injured worker complains of left posterior elbow pain, which is sharp, stabbing, and burning like. The pain usually occurs daily and is intermittent. The physical exam revealed tenderness to palpation along the region of the triceps tendon, no masses or fluctuations are palpable, slight decreased range of motion, and mild reproduction pf distal triceps tendon pain with resisted elbow extension. There was full joint stability with stress testing, and a negative bounce-home test. The treatment plan includes a platelet rich plasma injection - distal tricep tendon with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection - distal tricep tendon with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Prolotherapy. 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) Shoulder Section, Plasma Rich Injection.

Decision rationale: Pursuant to the Official Disability Guidelines, platelet rich plasma (PRP) injection to the distal triceps tendon with ultrasound guidance is not medically necessary. PRP understudy as a solo treatment. The guidelines recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. He looks promising, but it may not be ready for prime time as a solo treatment. Ultrasound guidance for shoulder injections are not recommended. Conventional anatomical guidance by an experienced clinician is generally adequate. In this case, the injured worker's working diagnoses are left distal triceps tendinosis; and left distal triceps tendon partial tear. There is a single progress note in the medical record dated December 22, 2014 by the treating physician. Subjectively, the injured worker has left posterior elbow pain for several months. Objectively, there is tenderness along the region of the triceps tendon with 5/5 strength and mild reproduction of distal triceps pain with resisted elbow extension. MRI left elbow showed mild hyperintensity along distal triceps tendon near the olecranon process. The treating physician felt PRP was appropriate to stimulate soft tissue healing within the distal triceps tendon. The guidelines recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. There were no MRI findings compatible with a large to massive rotator cuff tear. Additionally, ultrasound guidance is not recommended and conventional anatomical guidance is generally adequate to provide an injection. Consequently, absent guideline recommendations with clinical documentation to support a PRP injection, platelet rich plasma (PRP) injection to the distal triceps tendon with ultrasound guidance is not medically necessary.