

Case Number:	CM14-0121583		
Date Assigned:	09/16/2014	Date of Injury:	08/01/2012
Decision Date:	11/05/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 who reported an injury on 08/01/2012 while working as a laboratory assistant. She lifted a chair and hurt her elbow. The injured worker complained of left elbow pain that radiated into the left hand and finger. Diagnoses included chronic left lateral epicondylitis. The diagnostic studies included an MRI. The past treatments included cortisone injections and medication. The physical examination dated 07/15/2014 of the left elbow revealed Tinel's test normal, positive for tenderness at the elbow, negative at the wrist and hand. Range of motion for the left elbow was extension 5 degrees, flexion 135 degrees, supination 90 degrees, and pronation 90 degrees. Muscle strength to the left elbow was decreased, range of motion to the wrist was within normal limits, and muscle strength to the forearm and wrist were within normal limits. The grip strength using the measurement of a Jamar Dynamometer revealed a 6/6/6 kg. Her medications include Voltaren Gel. The treatment plan included a platelet rich plasma injection under ultrasound guidance. The Request for Authorization dated 06/08/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-Rich Plasma Injection under ultrasound guidance X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: The request for 1 platelet-rich plasma injection under ultrasound guidance is not medically necessary. The California MTUS/ACOEM Guidelines note autologous blood injections are not recommended as there are no quality studies of autologous blood injections for lateral epicondylalgia. Quality studies are not available on autologous blood injections and there is no evidence of their benefits. The injured worker had decreased grip strength, tenderness at the elbow, and pain to the left elbow. As the guidelines do not recommend the use of platelet-rich plasma injections, the request would not be indicated. As such, the request is not medically necessary.