

Case Number:	CM14-0146845		
Date Assigned:	09/12/2014	Date of Injury:	03/12/2012
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/10/2014

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 Internal Medicine and is licensed to practice in California. 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 patient is an injured worker with right elbow lateral epicondylitis. Date of injury was 3/12/12. Regarding the mechanism of injury, the patient was injured while moving a pallet at work. The progress report dated 8/12/14 documented subjective complaints of right upper extremity tenderness. Physical examination demonstrated the right arm had normal range of motion in the cervical spine, shoulder, elbow, wrist, fingers and thumb. There was no evidence of inflammatory change, erythema, swelling about the lateral aspect of the right elbow, no drainage. No sign of an infectious process. There was tenderness at the lateral epicondyle on the right side. It was worse with provocative maneuvers for tennis elbow. Diagnosis was lateral extensor origin tear. Treatment plan included platelet rich plasma injection. MRI performed 7/9/12 demonstrated an extensor origin tear. Progress report dated 7/1/14 documented the diagnosis of lateral epicondylitis with partial tendon tear of right elbow. Utilization review determination date was 8/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Platelet rich plasma (PRP) injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-elbow (Acute & chronic) platelet-rich plasma (PRP)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24, 41-42.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses autologous platelet-rich plasma (PRP) injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 10 Elbow Complaints (Revised 2007) states that autologous blood injections are not recommended. Progress report dated 7/1/14 documented the diagnosis of lateral epicondylitis with partial tendon tear of right elbow. Autologous platelet-rich plasma (PRP) injection was requested. ACOEM guidelines state that autologous blood injections are not recommended. Therefore, the medical necessity of autologous platelet-rich plasma (PRP) injection is not supported. Therefore, the request for Right Elbow Platelet rich plasma (PRP) injection is not medically necessary.