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| Case Number: | CM14-0147874 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 12/20/1996 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 a 57 years old male with an injury date on 12/20/1996. Based on the 08/11/2014 progress report provided by [REDACTED], the diagnosis is: 1. Chronic right lateral epicondylitis. According to this report, the patient complains of lateral epicondylitis affecting the right upper extremity. The patient has focal tenderness directly over the common extensor origin of the lateral epicondyle. There is pain with forceful activities. Lifting or carrying object greater than 5 lbs would cause moderate pain. There were no other significant findings noted on this report. The utilization review denied the request on 09/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/21/2014 to 08/11/2014.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-platelet rich plasma injection

Decision rationale: According to the 08/11/2014 report by [REDACTED] this patient presents with chronic right lateral epicondylitis. The treater is requesting Platelet Rich Plasma injection under ultrasound guidance. The utilization review denial letter states there were "no diagnostic testing or history of conservative management is noted." Regarding elbow platelet-rich plasma injections, ODG guidelines state "recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy." Review of reports show that the patient uses extremity splinting with elbow banding and had physical therapy. There is no mention that the patient has tried a PRP injection yet. The requested Platelet Rich Plasma injection appears reasonable and consistent with guidelines. Recommendation is for authorization.