

Case Number:	CM14-0148644		
Date Assigned:	09/18/2014	Date of Injury:	11/01/2002
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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 and Rehabilitation, 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 injured worker is a 61-year-old with a reported injury on November 1, 2002. The mechanism of injury was a fall. The injured worker's diagnoses included lateral epicondylitis and ulnar nerve lesion. The injured worker's past treatments included pain medication and a tennis elbow strap to the left elbow. There were no diagnostic imaging studies provided for review. There was no surgical history noted in the records. The subjective complaints were neck, lower back, bilateral elbow, bilateral hand, right knee, and left shoulder pain. The current pain level for his neck remains 7/10 with radiating pain down to both shoulders. The physical examination revealed decreased range of motion to the left shoulder, and there is a positive impingement sign. There is also tenderness over the left elbow lateral epicondyle. The injured worker's medications included tramadol ER 100 mg, Ultracet 37.5/325, Voltaren gel, and Lidoderm patches. The treatment plan was to request an MRI for the left shoulder to rule out rotator cuff repair and to order a PRP injection series to the left elbow. A request was received for 1 PRP injection series to the left elbow. The rationale for the request was not provided. The Request for Authorization form was dated on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One platelet-rich plasma (PRP) injection series to the left elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Platelet-rich plasma (PRP)

Decision rationale: The Official Disability Guidelines state that platelet rich plasma single injections are recommended as a second line therapy for chronic lateral epicondylitis after first line physical therapy, such as eccentric loading, stretching, and strengthening exercise bases have failed. The injured worker has chronic left elbow pain. There was a lack of documentation in the records that the injured worker had tried and failed first line therapy such as physical therapy. In the absence of first line therapy, the request is not supported by the guidelines. As such, the request for one PRP injection series to the left elbow is not medically necessary or appropriate.