

Case Number:	CM14-0170570		
Date Assigned:	10/20/2014	Date of Injury:	06/25/2012
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/15/2014

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 48-year-old female with date of injury of 06/25/2012. The listed diagnoses per [REDACTED] from 08/07/2014 are: 1. Left cubital tunnel syndrome. 2. History of left carpal tunnel syndrome, resolved. 3. Left lateral epicondylitis. 4. Left shoulder tendinitis. According to this report, the patient continues to struggle with significant left arm pain. The discomfort in the shoulder now precludes restful sleep. She continues to have elbow pain with associated frequent tingling and numbness in the ring and small fingers. The examination shows no substantial change in examination of the left arm. Active and passive range of motion in the left shoulder remains attenuated. Tenderness is noted proximal over the bicipital groove with some crepitation with active shoulder motion. Hawkins' and Neer signs are negative at the time of the exam. Tenderness noted over the lateral epicondyle as well as the cubital tunnel. Cubital tunnel compression, Tinel sign and cubital tunnel are both positive. There is no distal tenderness over the carpal tunnel present. The utilization review denied the request on 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection to the left elbow: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter on Platelet Rich Plasma Injection

Decision rationale: This patient presents with significant left arm pain. The treater is requesting a platelet-rich plasma injection to the left elbow. The MTUS and ACOEM Guidelines do not address this request, however, ODG Guidelines under the elbow chapter on platelet-rich plasma (PRP) states "recommend single injection as a second line therapy for chronic lateral epicondylitis after first line physical therapy such as eccentric loading, stretching, and strengthening exercises, based on research below." The utilization review denied the request stating "No additional information was received [that] would support the request that platelet-rich plasma injection in the left elbow." The 09/08/2014 report shows a special request for a platelet-rich plasma injection and the treater notes, "This patient has been provided with an exhaustive course of conservative care for the lateral epicondylitis affecting the upper extremities. The extent of prior treatment has included: Use of extremities, splinting with elbow bandaging; modified work-related activities with further restrictions and activities of daily living; long-term use of antiinflammatory medications; multiple dexamethasone injections to the lateral epicondyle with significant albeit temporary relief and an appropriate course of physical therapy." The records do not show that the patient has received a platelet-rich plasma injection to the left elbow in the past. In this case, ODG Guidelines supports the use of platelet-rich plasma as a single injection to the lateral epicondylitis. Given that the patient has tried extensive conservative treatments with minimal benefit, the requested platelet-rich plasma injection to the elbow is reasonable and is supported by the ODG Guidelines. The request is medically necessary.