

Case Number:	CM14-0181530		
Date Assigned:	11/06/2014	Date of Injury:	02/06/2012
Decision Date:	12/17/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/31/2014

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 Orthopedic Surgery 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 47 year old female claimant with an industrial injury dated 12/06/12. An MRI of the upper left joint dated 02/26/14 reveals mild common flexor tendinosis without tearing, intact medial collateral ligament, unchanged moderate common extensor tendinosis with increased size of now moderate grade interstitial tear and mall elbow joint effusion. Exam note 10/08/14 states the patient returns with elbow pain. The patient explains she experiences bilateral discomfort and pain. Upon physical exam there was evidence of tenderness surrounding the area. The patient demonstrated a full range of motion. The patient had difficulty and discomfort with gripping due to the medial aspect of the bilateral elbow. Diagnosis is noted as bilateral medial epicondylitis pain. Treatment includes PRP injections to both medial epicondyles, and debridement of the medial condyle and diagnostic arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Platelet Rich Plasma Injection (Right Epicondyle) QTY:1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Autologous blood injections: There are no quality studies of autologous blood injections for lateral epicondylalgia. Quality studies are not available on autologous blood injections and there is not evidence of its benefits. This option while low cost, it is invasive and has side effects. Thus, autologous blood injections are not recommended. Therefore the guideline criteria have not been met and the request is not medically necessary.

Associated Surgical Service: Platelet Rich Plasma Injection (Left Epicondyle) QTY:1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 10, Elbow Complaints, page 24 regarding PRPAutologous blood injections: 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 its benefits. This option while low cost, it is invasive and has side effects. Thus, autologous blood injections are not recommended. Therefore the guideline criteria have not been met and the request is not medically necessary.

Associated Surgical Service: Diagnostic Arthroscopy with Medial Condyle Debridement QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM surgical considerations for lateral epicondylalgia

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: The CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. In this case there is insufficient evidence of failure of conservative care to warrant a medial epicondylar release. In addition there is no MRI report 2/26/14 attached demonstrating a surgical lesion. Therefore the request is not medically necessary.