

Case Number:	CM13-0053919		
Date Assigned:	12/30/2013	Date of Injury:	10/05/2011
Decision Date:	06/22/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male, who sustained an industrial injury on October 5, 2011. He reported right shoulder and right elbow pain. The injured worker was diagnosed as having status post right elbow surgery, right elbow lateral epicondylitis, right shoulder rule out rotator cuff tear, right shoulder impingement syndrome, depression, anxiety and sleep disorder. Treatment to date has included radiographic imaging, diagnostic studies, right elbow surgery, conservative therapies, medications and work restrictions. Currently, the injured worker complains of right shoulder and elbow pain. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. The patient was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 3, 2013, revealed continued pain as noted. A blood patch PRP (Platelet rich plasma) injection to the right elbow was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Patch PRP (Platelet rich plasma) Injection for the Right Elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, 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 Chapter, Platelet-Rich Plasma.

Decision rationale: The Official Disability Guidelines states that platelet-rich plasma is recommend for a single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises. Per progress report dated 09/03/13, the treating physician's reason for the request is "If this fails to give him significant improvement, he may need in the future repeat surgery for right elbow." The patient is suffering from continued significant pain in the right lateral epicondyle and the treating physician is requesting an injection to the right side. Given the support from ODG, the request is medically necessary.