MAXIMUS Federal Services

Case Number:	CM14-0215996		
Date Assigned:	01/06/2015	Date of Injury:	12/09/2013
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51years old female patient who sustained an injury on 12/9/2013.She sustained the injury due to cumulative trauma. The current diagnosis includes bilateral lateral epicondylitis. Per the doctor's note dated 11/17/2014, patient had tenderness over the common extensor origin of the lateral epicondyle, significant pain with any forceful strength activity and moderate elbow pain with lifting or carrying greater than 5 pounds with arm. Per the records provided patient reached at maximum medical improvement as of 8/29/2014. The medications list includes Lipitor, celexa and multivitamins. She has had MRI left elbow dated 4/17/14 which revealed lateral epicondylitis versus partial thickness tear; MRI right elbow dated 4/17/2014 which revealed suspicious of mild lateral epicondylitis. She has had physical therapy visits, splinting, acupuncture visits and dexamethasone injections to the lateral epicondyle for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral platelet rich plasma injection of the lateral epicondylar common extensor origin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow (updated 10/20/14), Platelet-rich plasma (PRP).

Decision rationale: Request: Bilateral platelet rich plasma injection of the lateral epicondylar common extensor originPer the cited guidelines, regarding platelet rich plasma injection, 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 recent research below. "..Further evaluation of this novel treatment is warranted. (Mishra, 2006) Rigorous studies of sufficient sample size, assessing these injection therapies using validated clinical, radiological and biomechanical measures, and tissue injury/healing-responsive biomarkers, are needed to determine long-term effectiveness and safety, and whether these techniques can play a definitive role in the management of LE and other tendinopathies (Rabago, 2009)."Per the records provided patient had bilateral lateral epicondylitis. There is still no sufficient high grade scientific evidence to support platelet rich plasma injection for this diagnosis.In addition, per the records provided patient reached at maximum medical improvement as of 8/29/2014. The medical necessity of bilateral platelet rich plasma injection of the lateral epicondylar common extensor origin is not fully established for this patient at this juncture.