

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0110761 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 01/14/2011 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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: Internal Medicine

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 32 year old male, who sustained an industrial injury on 1/14/11. The injured worker was diagnosed as having carpal tunnel syndrome and ulnar entrapment. Treatment to date has included right carpal tunnel release, right ulnar nerve transposition, physical therapy, acupuncture, cortisone injection, oral medications including, Norco and Oxycodone, topical medications including Lidoderm patches and Voltaren gel and activity restrictions. Currently, the injured worker complains of continued right elbow and wrist pain rated 5-6/10 with numbness and tingling on the right ulnar distribution. He is doing well with Norco and Oxycodone and he is trying to reduce his medications. He is currently working regular duties. Physical exam noted tenderness along the right lateral epicondyle with increased pain with resisted wrist extension and decreased sensation along the right ulnar distribution, tenderness is also noted along the extensor tendons. The treatment plan included a request for authorization for platelet rich plasma injection for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Platelet rich plasma injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24, 41-42.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses autologous platelet-rich plasma (PRP) injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 10 Elbow Complaints (Revised 2007) indicates that autologous blood injections are not recommended. The progress report dated 5/4/15 documented a history of right carpal tunnel release surgery, right ulnar nerve transposition surgery, right medial and lateral epicondylitis, right radial nerve syndrome. ACOEM guidelines indicate that autologous blood injections are not recommended. Therefore, the medical necessity of autologous platelet-rich plasma (PRP) injection is not supported. Therefore, the request for right Elbow Platelet rich plasma (PRP) injection is not medically necessary.