

Case Number:	CM15-0071935		
Date Assigned:	04/22/2015	Date of Injury:	05/22/2013
Decision Date:	05/22/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/15/2015

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, North Carolina
 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:

The injured worker is a 39-year-old female, who sustained an industrial injury on 05/22/2013 complaining of pain in neck, right shoulder, right elbow and wrist. On provider visit dated 10/14/2014 the injured worker has reported neck pain, right shoulder pain, right arm pain and right elbow pain with numbness and tingling in right hand. On examination of the right elbow there was a decreased range of motion noted, and right wrist was positive for Tinel sign and Phalen test. The diagnoses have included right elbow medial and lateral epicondylitis. Treatment to date has included x-rays, physical therapy, electromyogram, nerve conduction study and medication. The provider requested platelet rich plasma injection to the right elbow.

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 right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Procedure Summary Platelet-rich plasma (PRP).

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

Decision rationale: The request is for an injection of platelet rich plasma to the right elbow for lateral epicondylitis. ACOEM guidelines state that 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 benefits. This option while low cost, is invasive and has side effects. Thus autologous injections are not recommended. The medical records show that the patient also deferred a cortisone injection, a first-line treatment. RPR injections are second-line treatment after the first-line has failed. Since the first-line treatment was refused the need for second-line treatment is not established. This request is deemed not medically necessary.