

Case Number:	CM15-0075631		
Date Assigned:	04/27/2015	Date of Injury:	01/14/2014
Decision Date:	06/08/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/21/2015

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, Indiana, New York
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:

This 54 year old man sustained an industrial injury on 1/14/2014. The mechanism of injury is not detailed. Diagnoses include status post left thumb surgery with carpal tunnel symptoms. Treatment has included oral medications, physical therapy, splinting, and surgical intervention. Physician notes dated 3/31/2015 show complaints of persistent radial palmer hypesthesia rated 4/10. Recommendations include ultrasound guided steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection to the left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Platelet Rich Plasma.

Decision rationale: Pursuant to the Official Disability Guidelines, platelet rich plasma injection of the left wrist is not medically necessary. Platelet rich plasma is not recommended. There are

no published studies for the forearm, wrist and hand. In this case, the injured worker's working diagnoses is status post left thumb basal joint tightrope arthroplasty, improved; and left carpal tunnel syndrome, interval-worsening symptoms associated with home physical therapy. The treating provider, in the progress note dated February 17, 2015, requested an ultrasound guided steroid injection to the left carpal tunnel. There is no documentation in the medical record indicating a platelet rich plasma injection is indicated. The request for authorization indicates a platelet rich plasma injection is requested. The guidelines do not recommend a platelet rich plasma injection. Consequently, absent compelling clinical documentation with guideline non-recommendations for a platelet rich plasma injection to the left wrist, platelet rich plasma injection of the left wrist is not medically necessary.