

Case Number:	CM15-0091725		
Date Assigned:	05/18/2015	Date of Injury:	05/21/2014
Decision Date:	06/17/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/12/2015

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: Emergency 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 48 year old female who sustained an industrial injury on May 21, 2014. She reported an injury to her right upper extremity. Previous treatment includes physical therapy, steroid injections, MRI of the right upper extremity and modified work duties. Currently the injured worker complains of pin in the right elbow with radiation of pain. The injured worker reports resolution of pain following a steroid injection. On physical examination the injured worker reports localized pain on palpation over the lateral epicondyle. An MRI of the right elbow revealed moderate-grade partial tearing of the common extensor tendon at the lateral epicondyle origin and minimal osteoarthritis of the ulnotrochlear joint. Diagnoses associated with the request include lateral epicondylitis. The treatment plan includes planned surgical intervention and platelet rich plasma injections.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Platelet-rich plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic, Platelet-rich plasma (PRP)).

Decision rationale: The requested Right elbow platelet rich plasma injection is medically necessary. CA MTUS is silent. Official Disability Guidelines, Elbow (Acute & Chronic, Platelet- rich plasma (PRP)Note; "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." The injured worker has pain in the right elbow with radiation of pain. The injured worker reports resolution of pain following a steroid injection. On physical examination the injured worker reports localized pain on palpation over the lateral epicondyle. An MRI of the right elbow revealed moderate-grade partial tearing of the common extensor tendon at the lateral epicondyle origin and minimal osteoarthritis of the ulnotrochlear joint. The treating physician has documented failed first-line therapy and this treatment is recommended as second-line therapy. The criteria noted above having been met, right elbow platelet rich plasma injection is medically necessary.