

Case Number:	CM15-0093289		
Date Assigned:	05/19/2015	Date of Injury:	01/27/2015
Decision Date:	06/25/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 male, who sustained an industrial injury on 01/27/2015. He reported an injury to his left elbow and was diagnosed with a partial tear of his left distal bicep muscle. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having left distal biceps tear. Treatment and diagnostics to date has included left elbow MRI which showed evidence of a partial tear and medications. In a progress note dated 04/28/2015, the injured worker presented with complaints of worsening left elbow pain. Objective findings include tenderness to palpation over the left distal biceps. The treating physician reported requesting authorization for platelet rich plasma injection to the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Platelet Rich Plasma (PRP) injection to the left 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, Elbow (Acute & Chronic): Platelet-rich plasma (PRP) (2015).

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

Decision rationale: Regarding the request for left elbow PRP injection, California MTUS does not address the issue. ODG cites that PRP is recommended for the tennis elbow only as a second-line therapy after failure of first-line therapy and PRP should be reserved for the most severe cases since 80% of tennis elbows will be cured spontaneously without doing anything within a year. Within the documentation available for review, there is no documentation of failure of first line therapy, and the patient does not have lateral epicondylitis. There is no clear rationale for PRP injections despite the lack of consistent support for their use in the management of the patient's cited injuries. In light of the above issues, the currently requested left elbow PRP injection is not medically necessary.