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**Notice of Independent Medical Review Determination**

Dated: 9/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

4/12/2013

7/23/2013

CM13-0002651

- 1) MAXIMUS Federal Services, Inc. has determined the request for Platelet Rich Plasma Injection Bilateral Elbows **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Platelet Rich Plasma Injection Left Shoulder **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Platelet Rich Plasma Injection Bilateral Elbows **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Platelet Rich Plasma Injection Left Shoulder **is medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013:

"According to the PR-2 dated 6/24/13 by Dr. [REDACTED], the patient had marked improvement with rhomboid pain after the platelet rich plasma injection but with residual pain on the left levator side of the neck. The patient also complained of pain of the elbow extensors tendon. The patient's weight and height were not documented. The patient medication were not documented. The patient medication plan was tramadol 50mg and Vicodin. Some documents were illegible. (Dose and scheduled use of the medication was not documented). The patient was diagnosed with other fragments of torsion dystonia, brachial plexus lesions, Raynaud's syndrome and tendinopathy."

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/23/2013)
- Utilization Review Determination from [REDACTED] (dated 7/9/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

## 1) Regarding the request for Platelet Rich Plasma Injection Bilateral Elbows:

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (latest version) Elbow Chapter-Platelet-rich plasma (PRP) which is a medical treatment guideline not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not address the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee sustained a work-related injury on April 12, 2013. The medical records provided for review indicate a history of neck, left shoulder and left elbow pain that has persisted for several years. The medical record of 6/24/13 documents improvement in rhomboid pain after a platelet rich plasma injection but residual pain in the left levator; there was also documentation of left elbow extensor tenderness. The request is for platelet rich plasma injection bilateral elbows.

The Official Disability Guidelines (ODG) recommend single injection as a second-line therapy for chronic lateral epicondylitis where conservative therapy has failed. The medical records reviewed indicate persistent pain after conservative therapy. The request for platelet rich plasma injection, bilateral elbows, **is medically necessary and appropriate.**

## 2) Regarding the request for Platelet Rich Plasma Injection Left Shoulder:

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (latest version) Elbow Chapter-Platelet-rich plasma (PRP) which is a medical treatment guideline not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not address the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance

### Rationale for the Decision:

The employee sustained a work-related injury on April 12, 2013. The medical records provided for review indicate a history of neck, left shoulder and left elbow pain that has persisted for several years. The medical record of 6/24/13 documents improvement in rhomboid pain after a platelet rich plasma injection but residual pain in the left levator; there was also documentation of left elbow extensor tenderness. The request is for platelet rich plasma injection, left shoulder.

The Official Disability Guidelines (ODG) indicate this procedure is under study and states the studies look promising. The medical records provided for review indicate significant improvement in rhomboid pain with the platelet rich plasma injection of 6/24/13. Though specific data may be lacking at this time, a positive response has been documented in the medical records in response to this procedure. The request for platelet rich plasma injection, left shoulder, **is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/slm

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.