

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	7/20/2010
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003707

- 1) MAXIMUS Federal Services, Inc. has determined the request for platelet rich plasma injection times three (3) for the right elbow **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 times three (3) for the right elbow **is not 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 Physical Medicine and Rehabilitation, 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 10, 2013.

The claimant is a 42 year old female with reported right elbow condition. She underwent a lateral epicondyle release by this AP without benefit. She has ongoing pain. AME recommended platelet-rich plasma injections and possibly lateral elbow denervation procedure.

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 of Independent Medical Review
- Utilization Review Determination from Claim Administrator
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for platelet rich plasma injection times three (3) for the right elbow:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Elbow Chapter-Autologous blood injection section, which is a Medical

Treatment Guideline (MTG), which is not a part of MTUS. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the ODG, (current version), Elbow Chapter, Autologous blood injection section.

Rationale for the Decision:

A review of the submitted records indicate the employee presents with right elbow pain complaints, status post sustaining a work related injury on 07/20/2010 as a result of cumulative trauma. The clinical notes evidence surgical interventions to the elbow with a poor results noted. A submitted Medical Examination Report dated 06/05/2013 document the course of treatment and status post reporting a work related injury. The report noted the employee underwent a right elbow lateral epicondylectomy along with extensor mass lengthening in late 2010. The record indicate the employee denied any improvement postoperatively to her right upper extremity and a physical exam revealed no evidence of swelling or edema, no olecranon or medial epicondylar tenderness; however, there was lateral epicondylar tenderness on the right. There was no instability nor a varus or valgus deformity. Motion including flexion and extension were normal. Active range of motion at the elbow was noted to be within normal limits. The record indicate, status post the extensive exam, the employee had some scar sensitivity and could be classified as complex regional pain syndrome 2, unresponsive to conservative and operative care. However, the records indicate there was no allodynia or hyperpathia nor any trophic changes to the hand or loss of bone density. The records recommend the employee to undergo a 3 phase bone scan, stellate ganglion blocks, and possible surgical interventions to the shoulder.

The Official Disability Guidelines considered platelet rich plasma injections as a nonstandard treatment for lateral epicondylitis conditions. The guidelines further state a single injection as a second line therapy for chronic lateral epicondylitis after first line physical therapy such as eccentric loading, stretching, and strengthening exercises. More investigation is needed before the use of platelet rich plasma injections should be considered a standard treatment. The employee presents with subjective complaints of pain; however, functionally there were not deficits evidenced upon physical exam. The clinical notes failed to document the employee's current medication regimen in relation to pain complaints. The request platelet rich plasma injection times three (3) for the right elbow **is not medically necessary or 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, 18th Floor
Oakland, CA 94612

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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.