

<b>Case Number:</b>	CM13-0017545		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the 7/19/13 initial hand surgical consultation the patient is a 28 year old right-hand dominant bus driver. While driving his bus on 05/10/13 making an abrupt turn, he noted acute onset of pain overlying the right shoulder and lateral elbow which radiated down along the forearm and wrist. An initial medical evaluation performed on 05/16/13 had findings consistent with right shoulder impingement, right lateral epicondylitis, and right carpal tunnel syndrome. Radiographic examination of the right shoulder, elbow and wrist revealed no significant abnormalities. Subsequent nerve conduction testing of the right upper extremity on 07/01/13 revealed no electrodiagnostic evidence of carpal tunnel syndrome or ulnar neuropathy. Treatment to date has included physical therapy with iontophoresis overlying the right lateral epicondyle. The patient has received acupuncture, anti inflammatory medication, and wears a right forearm tension band splint. Due to persistent right upper extremity symptoms, the patient was referred to the specialist hand clinic for further evaluation and treatment Examination of the right elbow reveals tenderness overlying the lateral epicondyle; exacerbated by resistance to supination. Examination of the right wrist reveals tenderness overlying the dorsum in the region of the fourth extensor compartment. There is associated ulnar wrist pain with intermittent clicking on compression of the pisiform. There is minimal tenderness, overlying the right carpal tunnel. No hyposthesia is noted overlying the right thumb, index long, ring, or small fingers. A physician note from 9/13/13 states the patient's right wrist ulnar pain has resolved. The patient states the right lateral epicondylitis discomfort and right shoulder pain persist. The patient states the right shoulder pain is his most disabling factor. The issue presented for review is whether platelet-rich plasma (PRP) injection x 3 R lateral epicondyle is medically necessary.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Platelet-rich Plasma (PRP) Injection x3 R Lateral Epicondyle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter section on Platelet-rich Plasma.

**Decision rationale:** The Official Disability Guidelines recommend a single PRP injection as a second line therapy for chronic lateral epicondylitis after first line physical therapy is done. According to the medical records provided for review, the patient has attempted physical therapy. Consequently, a single PRP injection may be considered medically necessary according to the Official Disability Guidelines. However, the request for 3 PRP injections exceeds the frequency recommended by the Official Disability Guidelines. The request for 3 PRP Injections R Lateral Epicondyle is not medically necessary and appropriate.