

<b>Case Number:</b>	CM13-0052769		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. The expert reviewer is Board Certified in Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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/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:

On May 13, 2011 this worker injured her right elbow when she was pushing a carton of lettuce that weighed about 30 pounds. At the time she felt a pain in the lateral aspect of her right elbow. She also felt a popping and pulling sensation in the lateral aspect of her right elbow. On April 8, 2013 she had an MRI of the elbow that demonstrated right lateral epicondylitis, some biceps tendinitis at the radial tuberosity incursion and some slight medial epicondylitis. She was treated with pain medications, physical therapy, steroid injections to the lateral epicondyle and intra-articular Synvisc injection. She did have some temporary relief from these measures. She had an occupational medicine visit on October 1, 2013. At that time she continued to complain of right elbow pain. Objective findings included tenderness over the right lateral epicondyle. Her diagnoses included right elbow common extensor tendon intrasubstance tearing and degenerative changes at the radiocapitellar surfaces and also cervicgia, bilateral shoulder pain and bilateral rotator cuff tear. Appeal was made on that date for injection at the lateral epicondyle of plasma-rich plasma under ultrasound guidance. This was in addition to appeal for bilateral subacromial injection of platelet-rich plasma under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT ELBOW PRP(PLATELET RICH PLASMA) INJECTION (COMMON EXTENSOR) UNDER ULTRASOUND GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Procedures: Platelet Rich Plasma.

**Decision rationale:** Platelet rich plasma is recommended as 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. Several studies have demonstrated benefit of platelet rich plasma in the treatment of lateral epicondylitis and some have demonstrated the treatment to be superior to corticosteroids in relieving pain and function in the long term. In this particular case however, there is insufficient evidence from the documentation that first line physical therapy was provided. Mention was made of the patient having physical therapy in the past but it is not possible from the documentation available to determine what body part or problem the physical therapy was directed to or what the physical therapy consisted of. Therefore, platelet rich plasma cannot be deemed medically necessary.