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| <b>Case Number:</b>   | CM13-0067033 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 04/10/2011 |
| <b>Decision Date:</b> | 04/21/2014   | <b>UR Denial Date:</b>       | 12/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2013 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 68-year-old male who reported injury on 04/10/2011. The mechanism of injury was noted to be the patient was moving 2 boxes that had fallen off of a pallet. The patient was noted to undergo 2 shoulder surgeries with the most recent being 04/15/2013 which involved a loose body removal, shoulder glenohumeral synovectomy, debridement of the labrum, subacromial decompression and arthroscopic rotator cuff repair on the right shoulder. The patient had 24 sessions of postoperative physical therapy for the shoulder and developed left lateral epicondyle symptoms after the shoulder surgery due to overuse of the left arm compensating for use of the right arm. It is indicated the patient developed worsened epicondylitis and underwent a protein rich plasma injection on 09/11/2013. It was further documented that the patient had significant improvement from the protein rich plasma injections to the left lateral elbow. Panel Qualified Medical Re-evaluation on 11/12/2013 revealed that the patient should have a repeat platelet rich plasma injection. The patient's diagnosis was noted to be left elbow epicondylitis and the request was made for platelet rich plasma injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT ELBOW PLATELET-RICH PLASMA INJECTION WITH ULTRASOUND GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Platelet-rich plasma (PRP).

**Decision rationale:** Official Disability Guidelines recommend 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 are utilized. The clinical documentation submitted for review indicated the patient had prior PRP injections. It was indicated the injections were beneficial. There was a lack of documentation of the number of injections that the patient had. There was a lack of documentation of objective functional benefit that was received as well as a decrease in the patient's VAS score to support the appropriateness of a repeat injection. Given the above, the request for left elbow platelet-rich plasma injection with ultrasound guidance is not medically necessary.