

<b>Case Number:</b>	CM13-0068942		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Orthopedic Surgery 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 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 claimant is a 49-year-old female who sustained an injury to her right upper extremity on March 12, 2012. The clinical records provided for review included electrodiagnostic studies from May 26, 2013 demonstrating minimal carpal tunnel syndrome of the right wrist. The ulnar nerve was documented to be normal. Follow-up visit with [REDACTED] on December 3, 2013 noted ongoing complaints of lateral epicondylitis that had failed conservative care including a Counterforce brace, physical therapy and previous corticosteroid injections. [REDACTED] noted that the claimant continued to be symptomatic with tenderness to palpation. The recommendation was for an isolated platelet rich plasma injection to the right elbow. A report of an August 8, 2013 MRI of the right elbow documented severe lateral epicondylitis with no fracture, dislocation or joint effusion. There was no documentation of a prior PRP injection for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow platelet rich plasma injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595.

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

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, an isolated PRP injection can be given on one occasion if conservative care has failed and the goal is to avoid surgery. In this instance, it is documented that the claimant has exhausted conservative measures to date. Recent peer-reviewed literature now supports the role of an isolated PRP injection for lateral epicondylitis. Therefore, the request for one platelet rich plasma injection would be indicated.