

<b>Case Number:</b>	CM14-0000674		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 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 patient sustained a pulling injury to the left elbow when he was pulling with strong force on a fire hose. The patient noted immediate ache in the left elbow, resulting in worsening left elbow pain. 2/20/13 physical therapy progress report indicates persistent left elbow pain, wrist extension and flexion weakness. A 4/1/13 progress report indicates persistent elbow pain. A 4/22/13 left elbow MRI demonstrates a complete tear of the common extensor tendon associated with adjacent soft tissue edema. Treatment to date has included physical therapy, home exercise program, tennis elbow brace, activity modification, and medication. The patient underwent left lateral epicondylar release on 1/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE REQUEST FOR PLATELET RICH PLASMA (PRP) INJECTION: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter.

**Decision rationale:** CA MTUS states that autologous blood injections are not recommended. In addition, ODG recommends a single PRP injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises, based on recent research. The patient has undergone a prolonged and extensive course of conservative care and a surgical lateral epicondylar release, all of which have failed to provide relief. While CA MTUS does not recommend PRP injections, ODG suggests a single injection as second-line therapy. Given the patient's nature of complaints, recalcitrant to a prolonged course of conservative care including surgery, a single PRP injection is indicated. Therefore, the request for Platelet Rich Plasma (PRP) Injection is medically necessary and appropriate.