

<b>Case Number:</b>	CM14-0012562		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain associated with an industrial injury of February 23, 2011. Thus far, the applicant has been treated analgesic medications, unspecified amounts of acupuncture, and unspecified amounts of physical therapy over the life of the claim. In a December 19, 2013 progress note, the applicant was described as having received a prior platelet-rich plasma injection approximately six weeks prior, which had helped a lot. The applicant is working fulltime as a sixth grade teacher, it is noted. Her pain has vastly improved, she notes, although some residual discomfort was appreciated. Tenderness about both the medial and lateral epicondyle was appreciated. The applicant was returned to work with a 10-pound lifting limitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PLATELET-RICH PLASMA INJECTIONS TO THE BILATERAL ELBOWS:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM Practice Guidelines, 2nd Edition (Revised 2008)), page 595; and the Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**Decision rationale:** The MTUS does not specifically address the topic of platelet-rich plasma injections. As noted in the third edition of the ACOEM guidelines, platelet-rich plasma injections are recommended in the treatment of lateral epicondylitis of at least six months' duration, which has proven unresponsive to other treatments including NSAIDs, physical therapy, stretching and strengthening, and at least one glucocorticoid steroid injection. In this case, it does appear that the applicant's elbow epicondylitis had proven recalcitrant to lesser levels of treatment, including time, medications, physical therapy, bracing, etc. The attending provider had seemingly posited that one earlier platelet-rich plasma injection had been successful and had resulted in the applicant's achieving and/or maintaining successful return to work status. Therefore, on balance, repeat platelet-rich plasma injections to each of the bilateral elbows are indicated and appropriate, given the applicant's functional improvement with earlier injection therapy. Therefore, the request is medically necessary and appropriate.