

<b>Case Number:</b>	CM14-0183321		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	05/09/1997
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 underlying date of injury in this case is 05/09/1997. This patient's primary treating diagnosis is medial epicondylitis. This patient was seen in primary treating physician follow-up 09/05/2014 with ongoing right elbow pain. On exam the patient was noted to have moderate tenderness over the medial and lateral epicondyles with range of motion 0-135 degrees. That report indicated that the working diagnosis was lateral epicondylitis and that the patient had persistent symptoms which had worsened. The patient, however, was noted to have had improvement at the right elbow previously status post treatment with platelet-rich plasma, with recurrence of pain. The treating physician recommended treatment to include platelet-rich plasma injection to the right elbow as well as a left carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Plasma Injection Right Elbow Medial and Lateral:** Upheld

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

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

**Decision rationale:** The Official Disability Guidelines/Treatment in Workers

Compensation/Elbow discusses platelet-rich plasma and notes that this is a second-line therapy for chronic lateral epicondylitis. This guideline specifically recommends only a single injection. Thus, this treatment is second line potentially investigational treatment which is at most indicated for one injection. The current request is for a repeat of this treatment. The records and guidelines do not support a rationale for this request. This request is not medically necessary.