

<b>Case Number:</b>	CM14-0032249		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 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 37 year old male with an industrial injury dated 11/20/13. An exam note dated 12/30/13 states the patient's chief complaint as right elbow and forearm pain. Physical exam demonstrates there was evidence of tenderness over the lateral epicondyles and supinator forearm muscles. The patient demonstrates increased pain when asked to forcefully grip or resist. In exam note dated 02/15/14, the MRI demonstrates a strain and a possible intrasubstance muscle tear of the ECRL (extensor carpi radialis longus) muscle adjacent to the lateral epicondyles. An exam note dated 06/18/14 states conservative treatments include physical therapy, rest, icing/heating, bracing, NSAIDS, and activity modification. The patient has full range of motion. The plan of treatment for the right elbow pain is a platelet rich plasma injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma injection about the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 167. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow chapter page 27.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24.

**Decision rationale:** Autologous blood injections: There are no quality studies of autologous blood injections for lateral epicondylalgia. Quality studies are not available on autologous blood injections and there is no evidence of its benefits. This option while low cost, it is invasive and has side effects. Thus, autologous blood injections are not recommended. Therefore the guideline criteria have not been met and determination is that platelet rich plasma injection about the right elbow is not medically necessary, per MTUS.