

<b>Case Number:</b>	CM14-0039805		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 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 patient is a 25-year-old male who was injured on 11/04/2013. He sustained cumulative trauma due to repetitive motions of his hands and arms. Prior treatment history has included Naproxen 500 mg tablets. A progress report dated 03/06/2014 states that the patient complained of continued pain and stiffness in the right wrist. On exam, it was noted that she has positive right tunnel syndrome. The diagnoses are right carpal tunnel syndrome, right radial tunnel syndrome, and right lateral epicondylitis. It was recommended that the patient continue his occupational therapy as he has been authorized six (6) sessions of occupational therapy. There is a request for platelet rich plasma injection as well. The supplemental notes dated 01/09/2014 states that the patient complained of upper extremity injury and constant pain. On exam, he is noted to have decreased strength in the right forearm at 3-4/5 and decreased sensation over the dorsal of the hand. Range of motion of the right elbow reveals limited flexion to 120 degrees; extension to 5 degrees; supination to 70 degrees; and pronation to 70 degrees. A prior utilization review dated 03/12/2014 states that the request Platelet-rich plasma injection is not certified as the guidelines state there were no quality studies of the blood autologous injections for lateral epicondylagia. It was noted that this option has side effects and is invasive and is recommended not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet-rich plasma injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2008, 2nd Edition, Revised Chapter 10, pg. 595.

**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 Injection.

**Decision rationale:** This is a request for a Platelet Rich Plasma (PRP) injection for a 25-year-old male with right upper extremity complaints secondary to repetitive use. The date of injury is 11/4/13. According to the Official Disability Guidelines, PRP is recommended as second-line treatment for lateral epicondylitis. However, there remains uncertainty and disagreement as to the diagnosis in this case. It is not clear from the records that the patient has failed first-line treatment for right lateral epicondylitis. The intended location of the injection is not clear or specified. Medical necessity has not been established.