

<b>Case Number:</b>	CM14-0062364		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/02/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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:

This is a 48-year-old male patient with a 12/2/09 date of injury. He injured himself due to repetitive stress injury. A progress report dated on 5/8/14 indicated that the patient complained of unchanged functional impairment with shoulder and elbow pain, Physical exam was within normal ranges. He was diagnosed with left rotator cuff tear, right lateral epicondylitis, and right radial tunnel syndrome. Treatment to date includes medication management, corticosteroid injection, left shoulder arthroscopic rotator cuff repair (4/25/12 and 4/2/13), and Epicondyle PRP with no functional changes. There is documentation of a previous 4/15/14 adverse determination, based on the fact that there was no documentation supporting benefits of previous injection, PRP for elbow was not certified. MR Arthrogram was not certified because there were no new abnormal clinical findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Plasma Injection for Right Lateral Epicondylitis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines),Elbow, Platelet-rich plasma(PRP).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. 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 below. However, it was noted that the patient had previously had an epicondylar PRP with no change of functional capacity. In addition, there was no evidence of failure of first line treatment. Therefore, the request for Platelet Rich Plasma Injection for Right Lateral Epicondylitis was not medically necessary.

**Left Shoulder MRI Arthrogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines, Shoulder Chapter, MR Arthrogram.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Shoulder Chapter).

**Decision rationale:** CA MTUS criteria for imaging include a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In addition, MTUS states that arthrography may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more when surgery is being considered for a specific anatomic deficit. In many institutions, MR arthrography is usually necessary to diagnose labral tears. However, there was no documentation of any new tears or new injury. In addition, there was no evidence of tissue insult or neurologic dysfunction. Therefore, the request for left Shoulder MRI arthrogram was not medically necessary.