

<b>Case Number:</b>	CM14-0064819		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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:

According to the provided records, this is a 30-year-old male with the date of injury on 1/29/13 due to repetitive trauma. He works as a cook and developed onset of discomfort in the wrist and elbow on the right. There was a 3/14/14 report stated that the patient had large mass over the dorsal aspect of the wrist and that there was a symptomatic carpometacarpal boss. There is also elbow pain isolated over the lateral aspect that occasionally radiates down the forearm. Patient continues to work full duty despite pain. Report stated that previously PT (physical therapy) for the elbow was effective and additional PT was requested, 10 sessions. Additionally PRP (platelet-rich plasma) injection was requested. Subsequent utilization review determination was for 2 sessions. The PRP injection was not approved. There was a 4/17/14 report which indicates that the patient was seen for right elbow tendinitis postsurgical (reviewer comment: surgery performed was not clear). This report states the patient was functionally improvement that was still having slight pain on full extension. Patient was doing a home exercise program. There was an appeal of the utilization review determination for 2 PT sessions and PRP injection denial in a report of 4/21/12. That report requested an additional 10 PT sessions for total 12 and also appealed the PRP injection to aid in the healing of the injured tendon and the surgery. Subjectively with the 2 sessions he had completed reportedly improved his pain 70%. Elbow examination showed the full range of motion, no noticeable deformity, tenderness to direct palpation of the lateral epicondyle, pain at the lateral epicondyle with resisted wrist extension, negative Tinel's at the radial tunnel. Strength is extension 4/5, flexion 5/5. Supination 4/5, pronation 5/5. Impression of the elbow was right lateral epicondylitis. Physical medicine report of 5/19/14 submitted after that which were not available for the original review indicated that the patient took a week off of work and pain was improving. There was a 5/28/14 physical

medicine report that stated that the patient was having pain from the back of his hand up through his wrist extensors and his poastero-lateral arm, through his scapula to the neck.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy right elbow qty: 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** This is a chronic injury. For flare-ups of chronic injuries, MTUS guidelines support up to about 10 sessions for the patient being reassessed. Originally, the request 10 sessions is modified to 2 sessions. Now the request for an additional 10 sessions is total requested up to 12. However, 10 sessions for this exacerbation it supported by MTUS guidelines. The requesting report does not provide an adequate explanation for the need for the total of 12. Thus based upon the evidence and the guidelines this request is not considered to be medically necessary.

**PRP Injection right elbow under ultrasound guidance qty: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 (PRP).

**Decision rationale:** MTUS guidelines do not address this type of injection. ODG guidelines recommend a single injection as 2nd line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises. This patient is just undergoing another course of physical therapy and it is premature to determine whether or not the Platelet-rich plasma injection will be needed. Thus, based upon the currently available evidence and guidelines this is not medically necessary.