

<b>Case Number:</b>	CM14-0088688		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 and 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 injured worker is a 36-year-old male who reported an injury on 07/23/2012 reportedly while working at a warehouse he complained of left elbow pain. At work, he lifts wood, metal, and uses a forklift. The injured worker's treatment history included medications, injections, x-ray, acupuncture, and MRI. On 08/30/2012, the injured worker had undergone MRI of the left elbow that revealed (1) proximal common extensor tendinopathy with lateral epicondylitis and a subcortical cyst, no tendon tear; (2) small elbow joint effusion. The injured worker was evaluated on 03/24/2014. It was documented that the injured worker had continued pain around his left elbow. It was made worse with lifting type activities. The physical examination of the left elbow revealed tenderness over his lateral elbow. Medications included Relafen 500 mg. Diagnoses included left lateral epicondylitis and early right lateral epicondylitis. It was noted that he failed conservative care with steroid injections, occupational hand therapy, and anti-inflammatory medications. It was documented that the injured worker was precluded from lifting, carrying, pushing, and pulling more than 20 pounds with his left upper extremity. The request for authorization and rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Plasma (PRP) injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Elbow/ Platelet Rich Plasma/ Under study.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) Platelet- rich plasma (PRP).

**Decision rationale:** The request is non-certified. The Official Disability Guidelines (ODG) state that platelet-rich plasma (PRP) injections recommend single 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. This small pilot study found that 15 patients with chronic elbow tendinosis treated with buffered platelet-rich plasma (PRP) showed an 81% improvement in their visual analog pain scores after six months, and concluded that PRP should be considered before surgical intervention. Further evaluation of this novel treatment is warranted. This review concluded that there is strong pilot-level evidence supporting the use of prolotherapy, polidocanol, autologous whole blood and platelet-rich plasma injections in the treatment of lateral epicondylitis (LE). Rigorous studies of sufficient sample size, assessing these injection therapies using validated clinical, radiological and biomechanical measures, and tissue injury/healing-responsive biomarkers, are needed to determine long-term effectiveness and safety, and whether these techniques can play a definitive role in the management of LE and other tendinopathies. Using a Gravitational platelet separation system, whole blood can yield platelet-rich plasma. Specially prepared platelets taken from the patient are then re-injected into the tendon of the affected elbow. Platelet-rich plasma contains powerful growth factors that initiate healing in the tendon, but may also send signals to other cells in the body drawing them to the injured area to help in repair. Treatment with PRP is still considered investigational and further research is needed before it can be made available to the general population. According to the author, "The body has an extraordinary ability to heal itself. All we did was speed the process by taking blood from a different area, concentrating it, and putting it back into an area where there was relatively poor blood supply to help repair the damage." Early studies have shown PRP therapy may be useful in maxillofacial surgery, wound healing, micro fracture repair, and in the treatment of plantar fasciitis. PRP looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. PRP was better than corticosteroid injections in relieving pain and improving function in patients with chronic severe lateral epicondylitis, but the study concluded that PRP should be reserved for the most severe cases since 80% of tennis elbows will be cured spontaneously without doing anything within a year. The documents submitted for review the provider indicated the injured worker had failed conservative care with steroid injections, occupational hand therapy, and anti-inflammatory medications; however, there was lack of failed evidence of home exercise regimen. In addition the request submitted failed to indicate where the PRP injection is required for the injured worker. Given the above, the request for platelet rich plasma (PRP) injection is non-certified.