

<b>Case Number:</b>	CM14-0189517		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 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:

Patient is a 55 year-old male with date of injury 07/03/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/09/2014, lists subjective complaints as pain in the left elbow. Patient underwent a PRP injection to the medial epicondyle of the left elbow on 05/16/2014 and noted a 20% reduction in pain following the injection. Objective findings: Examination of the left elbow revealed joint swelling of the medial aspect of the elbow. Range of motion was restricted with extension limited to 160 degrees and pronation limited to 85 degrees, but normal flexion and supination. Tenderness to palpation was noted over the medial and lateral epicondyles. Tinel's sign was positive. Diagnosis: 1. Causalgia upper limb, left 2. Chronic pain syndrome 3. Carpal tunnel syndrome 4. Ulnar nerve lesion 5. Medial epicondylitis 6. Lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT PRP LEFT ELBOW:** Upheld

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

**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), Injections (corticosteroid)

**Decision rationale:** According to the Official Disability Guidelines, corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. The previous injection yielded only a 20% reduction in pain. REPEAT PRP LEFT ELBOW is not medically necessary.