

<b>Case Number:</b>	CM14-0205659		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 60 year old female who was injured at work on 09/24/2013. The office visit note of 10/28/14 reported painful swelling of the right elbow. The pain is worsened by carrying or lifting more than 10-15 pounds. The injured complained of . The physical examination revealed a well healed scar of the right lateral epicondyle and mild deformity of the lateral epicondyle. There was tenderness in the lateral epicondyle and radial tunnels bilaterally, bilateral weakness and diminished sensations, positive Tinel's in the right radial and cubital tunnels. The worker has been diagnosed of right elbow pain following lateral epicondylar reconstruction in May 2014, right sided tunnel syndrome, and cubital tunnel syndrome, left sided radial tunnel syndrome. Treatments have physical therapy, right elbow surgery May, 2014. At dispute are the requests.

### 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 the left elbow:** Upheld

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

**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 and Chronic), Platelet-rich plasma (PRP)

**Decision rationale:** The injured worker sustained a work related injury on 09/24/2013. The medical records provided indicate the diagnosis of right elbow pain following lateral epicondylar reconstruction in May 2014, right sided tunnel syndrome, and cubital tunnel syndrome, left sided radial tunnel syndrome. Treatments have physical therapy, right elbow surgery May, 2014. The medical records provided for review do not indicate a medical necessity for Platelet-rich plasma injection for the left elbow. The MTUS is silent on this, but the Official Disability Guidelines reserves single Platelet-rich plasma injection as a second-line therapy for the most severe chronic lateral epicondylitis after first-line physical therapy because most cases of lateral epicondylitis resolve within a year of not using the affected limb. Therefore, the requested treatment is not medically necessary and appropriate at this stage.

**Tramadol/APAP 37.5/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, specific drug list

**Decision rationale:** The injured worker sustained a work related injury on 09/24/2013. The medical records provided indicate the diagnosis of right elbow pain following lateral epicondylar reconstruction in May 2014, right sided tunnel syndrome, and cubital tunnel syndrome, left sided radial tunnel syndrome. Treatments have physical therapy, right elbow surgery May, 2014. The medical records provided for review do not indicate a medical necessity for Tramadol/APAP 37.5/325 mg. The MTUS is silent on this, but the Official Disability Guidelines recommends it for short term use of not more than 5 days in acute pain management at 2 tablets orally every 4 to 6 hours as needed (max 8 tablets/day). The requested treatment is for 25-30 day supply; therefore it is not medically necessary and appropriate.