

Case Number:	CM14-0040846		
Date Assigned:	06/20/2014	Date of Injury:	06/10/2008
Decision Date:	12/21/2015	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial-work injury on 6-10-08. She reported initial complaints of right elbow, heel, ankle, hand, and shoulder pain. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus with radiculopathy, post op right shoulder arthroscopic surgery, left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral plantar fasciitis, rule out heel spurs, sleep deprivation, post op cervical spine fusion, and right shoulder rotator cuff repair. Treatment to date has included medication, diagnostics, ESI (epidural steroid injection), chiropractic treatment, surgeries, and physiotherapy modalities. Currently, the injured worker complains of chronic right elbow pain described as burning, hot, and sharp over the lateral epicondyle along with the bilateral heel pain with ankle swelling, difficult walking, and decreased range of motion, shoulder pain, and bilateral hand pain. The elbow pain increases with activities. PPR (platelet rich plasma) injection was requested by orthopedic surgeon. Per the primary physician's progress report (PR-2) on 11-27-13, examination of the elbow revealed positive left lateral epicondyle, cubital tunnel, medial epicondyle, soft tissue, and osseous structure tenderness. The right elbow was within normal limits for range of motion, the left had reduced range of motion. Motor strength was 3 out of 5 on the left and 4 out of 5 on the right. There was positive valgus stress test bilaterally, and left resisted extension test, bilateral positive tenderness at the collateral ligament, dorsal capsule, soft tissues, and osseous structures. Current plan of care includes injection to the right elbow. The Request for Authorization requested service to include 1 Platelet-Rich Plasma Injection to the

Right Elbow. The Utilization Review on 2-21-14 denied the request for 1 Platelet-Rich Plasma Injection to the Right Elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Platelet-Rich Plasma Injection to the Right Elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, under Platelet rich plasma.

Decision rationale: The current request is for 1 Platelet-rich plasma injection to the right elbow. The RFA is dated 11/27/13. Treatment to date has included medication, diagnostics, ESI (epidural steroid injection), chiropractic treatment, right shoulder arthroscopic surgery, and physical therapy. ODG Guidelines, Elbow chapter, under Platelet rich plasma states: 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. Per report 11/27/13, the patient presents with chronic right elbow pain described as burning, hot, and sharp over the lateral epicondyle. Examination of the elbow revealed positive cubital tunnel, and lateral and medial epicondyle, and osseous structure tenderness. The left elbow had reduced range of motion. Motor strength was 3 out of 5 on the left and 4 out of 5 on the right. There was positive valgus stress test bilaterally, and resisted extension test. Bilateral positive tenderness at the collateral ligament, dorsal capsule, and osseous structures was noted. Treatment plan included a right elbow PRP injection. There is no evidence in the records provided that this patient has undergone platelet rich plasma injections for her elbow to date. ODG currently supports a single injection of PRP, as a second line option for patients whose condition fails to improve following first-line treatments such as oral medications and physical therapy. Given the failure of

these treatment modalities, a single injection for this patient is reasonable and supported by guidelines. Therefore, the request is medically necessary.

