

<b>Case Number:</b>	CM15-0105783		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 50-year-old female, who sustained an industrial injury on August 23, 2012, incurring right elbow, right shoulder, neck and right forearm injuries. She was diagnosed with cervical spine herniated discs, multilevel degenerative disc disease, cervical radiculopathy, left shoulder tendonitis and impingement syndrome, right lateral epicondylitis and right forearm contusion. Treatment included physical therapy, acupuncture for the cervical spine and left shoulder, shockwave therapy, analgesic topical patches, pain medications, and work restrictions. Currently, the injured worker complained of radicular neck pain and muscle spasms, burning left shoulder pain radiating into the lower arm to the fingers, with numbness and tingling, right forearm and elbow pain, right wrist pain and muscle spasms, depression, stress, anxiety and insomnia from the continuous pain. The treatment plan that was requested for authorization included platelet rich plasma treatment of the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma (PRP) treatment of the right 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), elbow (acute and chronic), PRP.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, Platelet-rich plasma (PRP), pages 124-125.

**Decision rationale:** Per ODG, Platelet-rich plasma (PRP) injection is not recommended as recent higher quality studies showed no evidence of efficacy over that of placebo effect. There is no evidence-based study noting PRP's treatment benefit for chronic elbow tendinosis disorder. Although PRP injections may provide better pain relief for chronic lateral epicondylitis, there were no differences in function. Submitted reports have not adequately demonstrated medical indication, failed conservative trial, exhaustive treatment options, deteriorating progressive clinical findings, or necessity beyond the guidelines recommendations or criteria to support for this injection under study. The Platelet rich plasma (PRP) treatment of the right elbow is not medically necessary and appropriate.