

<b>Case Number:</b>	CM15-0133141		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 54 year old female, who sustained an industrial injury on 9/27/2012. The medical records submitted for the review did not include documentation regarding the initial injury. Diagnoses include shoulder pain, tendinitis bicep, impingement syndrome, elbow pain and epicondylitis. Treatments to date include NSAIDs, anti-inflammatory, topical cream, therapeutic injections, and physical therapy. Currently, she complained of left shoulder and left elbow pain. On 6/2/15, the physical examination documented mild left elbow swelling and tenderness. The provider documented results of the elbow MRI revealed tendinosis of the distal biceps insertion. The plan of care included Platelet Rich Plasma (PRP) injections to the left elbow x 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP (platelet rich plasma) injections x 3 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), Elbow chapter - Platelet-rich plasma (PRP) Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PRP injections.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG states that a small study showed benefit from multiple PRP injections in patients with chronic refractory patellar tendinopathy. There was also some noted benefit in patients post ACL repair. The patient has neither of these diagnoses and the ODG does not support PRP injections otherwise. Therefore, the request is not certified.