

<b>Case Number:</b>	CM15-0164585		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	11/12/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 56 year old female who sustained an industrial injury on 11-12-14. Initial complaints and diagnoses are not available. Treatments to date include acupuncture, medications, and injections. Diagnostic studies are not addressed. Current complaints include right elbow pain. Current diagnoses include repetitive stress strain of bilateral upper extremities, bilateral medial and lateral epicondylitis. In a progress note dated 08-04-15, the treating provider reports the plan of care as a platelet rich plasma injection to the right medial epicondyle. The requested treatment includes a platelet rich plasma injection to the right medial epicondyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet-rich plasma (PRP) injection (R) medial epicondylitis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 are no evidence-based studies 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) injection (R) medial epicondylitis is not medically necessary and appropriate.