

<b>Case Number:</b>	CM15-0203412		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 42 year old female who sustained an industrial injury on 10-18-11. The injured worker reported right elbow pain. A review of the medical records indicates that the injured worker is undergoing treatments for myalgia, myositis, right lateral epicondylitis, cervical radiculitis C5-6 and chronic pain syndrome. Provider documentation dated 9-15-15 noted the work status as can work with restrictions. Treatment has included Lyrica since at least May of 2015, Zanaflex since at least May of 2015, Gabapentin, magnetic resonance imaging, physical therapy, lateral epicondyle brace, and injection therapy. Objective findings dated 9-15-15 were notable for "pain with resisted wrist extension" upon right elbow examination. The original utilization review (9-28-15) denied a request for Platelet rich plasma (PRP) injection of the lateral epicondyle common extensor tendon, to be conducted under fluoroscopic guidance.

### 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 of the lateral epicondyle common extensor tendon, to be conducted under fluoroscopic guidance:** Overturned

**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 chapter, under Platelet rich plasma.

**Decision rationale:** The patient presents on 09/15/15 with right shoulder pain which radiates into the neck and elbow. The patient's date of injury is 10/18/11. The request is for Platelet rich plasma (PRP) injection of the lateral epicondyle common extensor tendon, to be conducted under fluoroscopic guidance. The RFA is dated 09/15/15. Physical examination dated 09/15/15 reveals pain with resisted wrist flexion, with no remarkable findings pertinent to the right elbow. The patient is currently prescribed Zanaflex, Gabapentin, and Metformin. Patient is currently advised to return to work with modified duties. 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. In regard to the request for what appears to be this patient's first platelet rich plasma injection for her lateral epicondyle pathology, the request is appropriate. Per progress note dated 09/15/15, the provider states the following regarding this procedure: "She has persistent pain of the lateral epicondyle due to partial thickness common extensor tendon tear that has been refractory to pain meds, PT, steroid injection... Pt has uncontrolled diabetes and steroid injections are contraindicated..." There is no evidence in the records provided that this patient has undergone any platelet rich plasma injections for her elbow complaint to date. Official disability guidelines currently support a single injection of platelet rich plasma 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 modalities to provide relief for this patient, and guideline support for one injection should first-line treatments prove ineffective, a single injection is substantiated and could produce benefits for this patient. Therefore, the request is medically necessary.