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| <b>Case Number:</b>   | CM15-0020976 |                              |            |
| <b>Date Assigned:</b> | 02/10/2015   | <b>Date of Injury:</b>       | 10/22/2012 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 01/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2015 |

### 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 47 year old male, who sustained an industrial injury on 10/22/2012. The details of the initial injury were not available for this review. The diagnoses have included right elbow epicondylitis. Treatment to date has included a prior platelet rich plasma injection with documented improvement. Currently, the IW complains of right elbow difficulty, reporting unable to swing a hammer or do any building, including working out. Physical examination from 12/8/14 documented tenderness to palpation, full Range of Motion (ROM), and pain with wrist extension. The plan of care was to repeat an injection of platelet rich plasma to the right elbow. On 1/15/2015 Utilization Review non-certified a platelet rich plasma injection to right elbow, noting the documentation failed to support a functional deficit requiring the requested treatment. The ODG Guidelines were cited. On 2/3/2015, the injured worker submitted an application for IMR for review of platelet rich plasma injection to 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 injection to right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter on platelet-rich plasma.

**Decision rationale:** The patient was injured on 10/22/2012 and presents with right elbow injury with known epicondylitis. The request is for a PLATELET-RICH PLASMA INJECTION TO THE RIGHT ELBOW. The RFA is dated 01/14/2015 and the patient is allowed to return to full duty on 12/18/2014. The 12/18/2014 report indicates that the patient did have a prior PRP injection and the patient responded well. He notes that the elbow is markedly better. He previously was unable to even shake someone's hand. Now, he can do so, but the elbow is far from normal. There is tenderness over the ECRB and the patient does get pain upon attempts of wrist extension. The patient is diagnosed with chronic lateral epicondylitis about the right elbow and the patient for whom we would like to avoid surgery. Regarding platelet-rich plasma injections, MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the shoulder chapter on platelet-rich plasma states, under study as a solo treatment. Recommended PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. PRP looks promising, but it may not be ready for primetime as a solo treatment. In this case, there is no indication of arthroscopic surgery for repair of rotator cuff tear in conjunction with this treatment. Given the lack of support for platelet-rich treatment from the ODG Guidelines, the request IS NOT medically necessary.