

<b>Case Number:</b>	CM15-0214191		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	08/18/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Hawaii  
 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 48 year old male with a date of injury on 08-18-2015. The injured worker is undergoing treatment for left lateral epicondylitis as documented by Magnetic Resonance Imaging with partial attrition of the common extensor origin noted on study obtained on 09-01-2015, history of recurrent instability of the left shoulder with Bristow-Latarjet and a history of sleep apnea. A physician progress note dated 09-21-2015 documents the injured worker has tenderness along the common extensor origin with some mild discomfort at the extremes of flexion and extension, although supple range of motion. He received a steroid injection to the elbow and it worked for about a week. He is still having pain with reaching and grasping. Ice, bracing, rest was discussed and in light of the Magnetic Resonance Imaging findings he is a candidate for PRP. He is not working. Treatment to date has included diagnostic studies, medications, and an elbow cortisone injection which worked for about a week. Magnetic Resonance Imaging of the left elbow done on 09-01-2015 revealed common extensor origin tendinopathy-intrasubstance, partial-thickness tear. The Request for Authorization dated 09-24-2015 includes PRP injection of the left elbow. On 10-01-2015 Utilization Review non-certified the request for PRP injection of the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP injection of the 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, Elbow (Acute and Chronic): Platelet-Rich Plasma (PRP) (2015).

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

**Decision rationale:** The patient has persistent left elbow pain with reaching and grasping dating back to 8/18/2015. The current request is for platelet rich plasma injection of the left elbow. The 9/21/15 attending physician report states "we discussed ice, bracing, rest with the patient being a candidate for PRP in light of his MRI findings. We request authorization for PRP at this juncture. The CA MTUS is silent on PRP injections and the ODG was consulted. The ODG had this to say: 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. In this case, the patient sustained an injury on 8/18/15. At this time, there is no indication that the patient has failed first-line therapy including a stretching and strengthening program. The records would indicate that the patient has not completed any physical therapy to date. As such, the current request to move to a second-line therapy such as PRP is premature and inconsistent with ODG guidelines. The current request is not medically necessary.