MAXIMUS Federal Services

| Case Number: | CM15-0223593 | | |
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| Date Assigned: | 11/19/2015 | Date of Injury: | 10/22/2012 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 11/02/2015 |
| Priority: | Standard | Application Received: | 11/13/2015 |

## 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 54 year old female who sustained an industrial injury October 22, 2012. Past history included bilateral carpal tunnel release in the 1990's and status post right deQuervain's release. Diagnoses are cervical degenerative disc disease C4-5, C5-6, and C6-7; right upper extremity overuse syndrome; thoracic strain. Past treatment included medication and as of September 2015, eight physical therapy visits with good progress, occupational therapy, home TENS (transcutaneous electrical nerve stimulation) unit and psychologist visits with biofeedback and cognitive behavioral therapy for depression and anxiety. According to a primary treating physician's progress report dated October 20, 2015, the injured worker presented with right lateral epicondyle pain, rated 10 out of 10. She also reported pain form the shoulder to the fingers. There is pain on the ulnar aspect of the elbow posteriorly and over the first dorsal compartment and a sense of pulling across the dorsal forearm, and pain on the index finger from the MCP (metacarpophalangeal) joint proximally over the dorsum of the hand. The pain is relieved with rest, ice and medication and made worse by gripping and grasping. Physical examination revealed; right elbow- 0-130 degrees, supination and pronation 90 degrees; marked tenderness over the lateral epicondyle, posterior elbow and olecranon, mild tenderness over the medial elbow; right hand-tenderness over the radial wrist, radial MCP joint. At issue, is the request for authorization for right elbow, platelet rich plasma injection. According to utilization review dated November 2, 2015, the request for right elbow platelet rich plasma injection lateral epicondyles under anesthesia is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow Platelet Rich Plasma Injection Lateral Epicondyles under anesthesia:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Official Disability Guidelines.

**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 10/22/15 with right elbow pain rated 8-9/10. The patient's date of injury is 10/22/12. The request is for right elbow platelet rich plasma injection lateral epicondyles under anesthesia. The RFA is dated 10/22/15. Physical examination dated 10/22/15 reveals marked tenderness to palpation of the lateral epicondyle which is exacerbated by resisted wrist extension and index finger extension. The provider notes right elbow range of motion to be 120 degrees with pain, and 90 degrees on supination/pronation. The patient is currently prescribed Oprazaline and Norco. Patient is currently working 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 epicondylosis (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. Utilization review non-certified this request on grounds that this patient's diagnosis of lateral epicondylitis was unsubstantiated. Per progress note dated 09/15/15, the provider states the following regarding this procedure: "Despite physical therapy, the patient had a recurrence of symptoms upon returning to her work..." 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.