

<b>Case Number:</b>	CM15-0054801		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 10/01/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right lateral epicondylitis and resolved right extensor carpi ulnaris tendinosis. Treatment to date has included medication regimen, physical therapy, magnetic resonance imaging of the right elbow, and forearm tension band splinting. In a progress note dated 02/19/2015 the treating physician reports complaints of persistent pain to the lateral epicondyle and the conjoint tendon. The treating physician noted tenderness to the extensor conjoint tendon. The treating physician requested the scheduling of a platelet-rich plasma injection to the right lateral epicondyle noting that this treatment is appropriate since the injured worker has undergone multiple conservative treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet-Rich Plasma Injection, Right Lateral Epicondyle:** Upheld

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

**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.

**Decision rationale:** 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. 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. Another study noted that neither steroids nor platelet-rich plasma injections are any better than injections of inactive salt water for treating tennis elbow. After one month, pain had dropped by almost 10 points on a 50-point scale among people who had had steroid injections, compared to less than two points for the PRP and saline groups. Elbow function had also improved significantly more for people injected with steroids. However, at three months, any extra benefit due to steroids had disappeared and pain and functioning were similar across all three groups. PRP looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. PRP was better than corticosteroid injections in relieving pain and improving function in patients with chronic severe lateral epicondylitis, but the study concluded that PRP should be reserved for the most severe cases since 80% of tennis elbows will be cured spontaneously without doing anything within a year. (AAOS, 2010) In this case, the symptoms of lateral epicondylitis started in the December 2014 - January 2015 period with the initial diagnosis of right lateral epicondylitis on 1/8/15. The Utilization Review notes that Platelet-Rich Plasma Injection is still investigational and an adequate period of conservative therapy had not been completed. At this time the request for Platelet-Rich Plasma Injection, right lateral epicondylitis is not medically necessary.