

<b>Case Number:</b>	CM14-0160604		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/15/2004
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50-year-old female sustained an industrial injury on 10/15/04, relative to repetitive work activity. Past medical history was reported negative. Past surgical history was positive for bilateral carpal tunnel releases. Records indicated the patient was diagnosed with bilateral lateral epicondylitis. Conservative treatment had included splinting, elbow banding, activity/work modification, anti-inflammatory medications, multiple dexamethasone injections, and an appropriate course of physical therapy with no sustained benefit. The patient underwent bilateral platelet-rich plasma (PRP) elbow injections on 4/10/14 with complete resolution of symptoms on the left but no sustained benefit on the right. The 8/28/14 primary treating physician report indicated the patient continued to be plagued by right lateral elbow pain. Physical exam documented modest tenderness directly over the right lateral epicondyle and common extensor origin. The patient had substantial right lateral epicondylitis refractory to conservative treatment. The left lateral epicondylitis resolved completely with PRP injection in April. She did not have sustained benefit from the PRP injection to the right elbow. Authorization was requested for a repeat PRP injection given the lack of benefit to other treatments and excellent response on the left. A Dexamethasone injection was performed to the right lateral epicondyle and common extensor origin pending PRP injection. Medications were also prescribed. The patient remained on modified duty. The 8/28/14 DWC form requested authorization for platelet-rich plasma injection under ultrasound guidance to the right elbow. The 9/11/14 treating physician report indicated that the right lateral epicondyle tenderness had improved substantially with unrestricted motion following the recent corticosteroid injection. There was near-complete resolution of the right elbow discomfort. The request for the 2nd PRP injection was withdrawn at this time given the improvement with the recent injection. The patient was released to full duty. The 9/20/14 utilization review denied the 8/28/14 DWC request for right elbow platelet-rich plasma (PRP)

injection under ultrasound guidance based on a failed prior PRP injection and lack of guideline support for more than one PRP injection. The request for this review was also entered as removal of tissue for graft, but this request was not discussed in the 9/20/14 review. There was no medical record or DWC form found in the provided records documenting this request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Removal of tissue for graft:** Upheld

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

**Decision rationale:** The California MTUS do not provide recommendations for PRP injections. The Official Disability Guidelines recommend a single platelet-rich plasma injection as a second line therapy for chronic lateral epicondylitis after first-line physical therapy. Guideline criteria have not been met. The 9/20/14 utilization review denied a request for right elbow platelet-rich plasma (PRP) injection. The patient is currently nearly symptom-free following a corticosteroid injection. Given the absence of guideline support for more than one PRP injection and current resolution of symptoms, the request for platelet-rich plasma injection is not medically necessary. A request for removal of tissue for graft was not found in the available medical records nor was this item reviewed in the 9/20/14 utilization review decision. There is no rationale for the medical necessity of removal of tissue for graft for this injured worker. Therefore, this request is not medically necessary.