

<b>Case Number:</b>	CM15-0115989		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Orthopedic Surgery

### 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 43 year old female, who sustained an industrial injury on 4/16/14. The injured worker has complaints of constant achiness lateral epicondyle bilaterally. The documentation noted that there is tenderness to palpation over bilateral epicondyles. The diagnoses have included bilateral lateral epicondylitis and carpal tunnel syndrome. Treatment to date has included home exercise program; percutaneous ultrasound-guided needle tenotomy platelet-rich plasma; carpal tunnel syndrome surgery; normal bilateral upper extremity and cervical spine electromyography on 5/12/15; corticosteroid injections; physical therapy; anti-inflammatory medications; analgesics and previous elbow X-rays were documented as being normal. The request was for bilateral percutaneous ultrasound-guided needle tenotomy platelet-rich plasma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral percutaneous ultrasound-guided needle tenotomy PRP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 10, Elbow Complaints, page 24 regarding PRP Autologous blood injections: There are no quality studies of autologous blood injections for lateral epicondylalgia. Quality studies are not available on autologous blood injections and there is no evidence of its benefits. This option while low cost, it is invasive and has side effects. Thus, autologous blood injections are not recommended. Therefore, the guideline criteria have not been met and determination is for non-certification. Therefore, the request is not medically necessary.