

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0129080 |                              |            |
| <b>Date Assigned:</b> | 07/15/2015   | <b>Date of Injury:</b>       | 09/22/2014 |
| <b>Decision Date:</b> | 08/11/2015   | <b>UR Denial Date:</b>       | 06/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/02/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 was a 38 year old male, who sustained an industrial injury, September 22, 2014. The injury was sustained when the injured worker was using a saw all when the saw blade became entrapped and bucked, the injured worker and struck the lateral aspect of the right elbow on a piece of scaffolding support. The injured worker previously received the following treatments Kenalog injections to the right elbow, Mobic, cortisone injections to the right elbow and right elbow MRI. The injured worker was diagnosed with right wrist strain, carpal tunnel syndrome, lateral epicondylitis of the right elbow and medial epicondylitis of the right elbow. According to progress note of May 6, 2015, the injured worker's chief complaint was right elbow pain. The injured worker was right handed. The injured worker rated the pain at 6 out of 10. The steroid injection improved the pain only minimally of R1-2 weeks post-.injection. The pain was aggravated by grasping tasks. There was also numbness in the 3rd and 4th fingers which was aggravated by repetitive motions. The morning the injured worker had to shake the hand to make the tingling stop. The physical exam of the right elbow noted no swelling, no erythema and no deformity. There was no Thenar atrophy or no hypothenar atrophy. The sensory exam to light touch, throughout the dorsal volar surfaces of the hand was intact. Phalen's test was positive, The Tinel's test was positive as well as the Finkelstein's test. The treatment plan included series of 2 PRP injections under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 2 PRP injections under ultrasound guidance:** 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow, PRP injections.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states PRP injections for the elbow are a second line treatment option and only when there is demonstrated failure of first lien treatment failure in particular physical therapy. In addition the recommendations are only for a single injection. The patient has had physical therapy but the request is for more than one injection and therefore is not medically necessary.