

<b>Case Number:</b>	CM15-0063791		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old male, who sustained an industrial injury on August 22, 2014. He reported right elbow pain, weakness and poor grip in the right hand. The injured worker was diagnosed as having right elbow lateral epicondylitis and medial epicondylitis of the elbow. Treatment to date has included diagnostic studies, physical therapy, a tennis elbow strap, medications, pain injections and work restrictions. Currently, the injured worker complains of continued pain in the right elbow with decreased strength and poor grip in the right hand. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 20, 2015, revealed continued pain as noted. Right lateral epicondyle PRP (Platelet Rich Plasma) injection with tissue graft and percutaneous or lateral epicondyle tenotomy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lateral epicondyle PRP (Platelet Rich Plasma) injection with tissue graft and percutaneous or lateral epicondyle tenotomy: 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 (Acute & Chronic), Platelet-rich plasma (PRP).

**Decision rationale:** The claimant sustained a work injury in August 2014 and continues to be treated for right lateral epicondylitis. When seen, prior treatments had included physical therapy, medications, and use of an elbow counterforce brace. He was trying to avoid surgery. Pain was rated at 4/10. He had pain with resisted elbow extension and with active motion and lateral epicondyle tenderness. Guidelines recommend a single platelet-rich plasma (PRP) injection as a second line therapy for chronic lateral epicondylitis after insufficient benefit from first line physical therapy treatment. In this case, the claimant has already had physical therapy and is trying to avoid surgery. The claimant has ongoing pain and physical examination consistent with a diagnosis of lateral epicondylitis. However, also being requested is a tissue graft and percutaneous tenotomy. Therefore, the request that was submitted cannot be considered medically necessary.