

<b>Case Number:</b>	CM15-0064738		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, 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:

This 52 year old man sustained an industrial injury on 1/29/2007. The mechanism of injury is not detailed. Diagnoses include shoulder pain, disorder of bursae and tendons in shoulder, osteoarthritis of the shoulder, superior glenoid labrum lesion, and insomnia. Treatment has included oral medications, physical therapy, home exercise program, and surgical interventions. Physician notes dated 3/25/2015 show complaints of bilateral shoulder pain with the right side unchanged and the left side worsening rated 5-6/10. Recommendations include awaiting AME report, continue Norco, and follow up with surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP (platelet-rich plasma) injection with ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request is for platelet rich plasma injection with ultrasound to the elbow for a patient status post surgical debridement of the elbow for lateral epicondylitis. The CA MTUS guidelines state that, "There are no quality studies of autologous blood injections for lateral epicondylalgia. Quality studies are not available on autologous blood injections and there is not evidence of its benefits. This option, while low cost, is invasive and has side effects. Thus, autologous blood injections are not medically necessary."