

<b>Case Number:</b>	CM15-0068066		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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:

The injured worker is a 42 year old male who sustained an industrial injury on 03/05/2012. Diagnoses include right elbow loose body, lateral epicondylar debridement, and status post bariatric surgery. Treatment to date has included diagnostic studies, medications, physical therapy, splints, activity modifications and cortisone injections. A physician progress note dated 02/18/2015 documents the injured worker continues to have pain at the lateral aspect of his elbow. Range of motion is excellent. It is noted he may have nutritional deficits which is being addressed. This almost certainly has interfered with his healing. The treatment plan is for medication refills and platelet rich plasma injection. Treatment requested is for platelet rich plasma injection for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma injection for the right elbow:** 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), Treatment Index, 11th Edition (web), 2013, Elbow, Platelet-rich plasma (PRP).

**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 to the right elbow for chronic lateral epicondylalgia. At the patient's last clinical exam, he was noted to have excellent range of motion of the right elbow with intact neurovascular function. Complicating medical factors of a nutritional deficit secondary to bariatric surgery was noted. The medical records submitted are unclear as to what conservative measures have been attempted, including physical therapy, for the right elbow. The ACOEM elbow chapter states the following, "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, is invasive and has side effects. Thus autologous blood injections are not recommended and are not considered medically necessary."