

<b>Case Number:</b>	CM14-0141341		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 49 year-old female with date of injury 10/26/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/27/2014, lists subjective complaints as pain in right elbow and left upper arm. Objective findings: Examination of the left shoulder revealed restricted range of motion with pain. Patient has moderate to severe right epicondyle tenderness. There was upper extremity weakness bilaterally. Diagnosis: 1. Major depressive disorder 2. Chronic pain syndrome 3. Pain disorder associated with psychological factors and general medical condition 4. Status post left rotator cuff repair 5. Severe left shoulder adhesive capsulitis 6. Right lateral Epicondylitis 7. Hypertension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right lateral epicondylar (elbow) PRP (Platelet rich plasma) injection under ultrasound x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23  
Page(s): 3.

**Decision rationale:** For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). There are currently no peer-reviewed guidelines for treatment with a platelet-rich plasma injection. One right lateral epicondylar (elbow) PRP (Platelet rich plasma) injection under ultrasound x 1 is not medically necessary.