

Case Number:	CM14-0141338		
Date Assigned:	09/10/2014	Date of Injury:	02/07/2007
Decision Date:	10/07/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery 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:

The claimant is a 59-year-old female who was injured on February 7, 2007. The clinical records provided for review included a July 20, 2014, progress report noting continued complaints of bilateral shoulder pain for the diagnosis of shoulder rotator cuff tear. Documentation of physical examination included tenderness to palpation, restricted active and passive range of motion, positive crepitation and positive impingement. There was tenderness over the acromioclavicular joint. The report of the right shoulder MRI dated July 16, 2014 showed evidence of prior rotator cuff repair, and was negative for recurrent tearing. There was osteoarthritis noted of the glenohumeral joint with an intact biceps tendon. This request is for an isolated PRP injection to the claimant's right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection to the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Summary (updated 04/25/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure: Platelet-rich plasma (PRP).

Decision rationale: The request for platelet rich plasma injection of the right shoulder cannot be considered as medically necessary. The California MTUA and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines state that platelet rich plasma treatment remains under study as isolated treatment. According to ODG, while it can be utilized in conjunction with large or arthroscopic rotator cuff repairs, the role of its use in the isolated treatment of a shoulder diagnosis in a conservative fashion is still not supported. Therefore, this specific request would not be indicated as medically necessary.