

<b>Case Number:</b>	CM15-0009891		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 39 year old male, who sustained an industrial injury on January 20, 2012. A surgical evaluation on October 30, 2014 revealed that the injured worker continued to have significant pain and difficulty. He exhibited a "positive Neer and Hawkins', as well as painful Jobe's. The posterior cuff and subscap are intact with a positive O'Brien's, positive biceps, no sulcus, no rotator interval sign, no anterior-posterior load and shift, and positive clunk." The surgeon recommended surgical intervention. A physician's evaluation on November 4, 2014 revealed the injured worker continued to struggle and used seven Norco per day. He reports his pain level before medications was a 9 on a 10-point scale and decreased to a 4 on a 10-point scale with the use of medications. The injured worker reported that he was not interested in surgery at the present time or a third surgery. His Norco dosage was decreased. The injured worker was diagnosed as having chronic neck pain, status post right shoulder surgery, chronic regional pain syndrome, chronic low back pain. An MRI of the right shoulder on October 9, 2014 documented the impression of "heterogeneous appearance of the anterior superior labrum, likely postsurgical in etiology with no definite labral tear noted." The evaluating physician documented a disagreement with the radiology report noting "I do see a filling defect which I do believe represents the presence of a tear." Treatment to date has included stellate ganglion block, and right shoulder arthroscopy, SLAP repair, anterior stabilization and debridement with blood harvest for PRP injection on November 13, 2013. A request for authorization for right shoulder arthroscopy with slap tear and platelet rich plasma was initiated. The Utilization Review physician determined on December 16, 2014 that the request for platelet rich plasma was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP (Platelet Rich Plasma): 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), Shoulder Chapter, 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) shoulder section, Platelet rich plasma (PRP).

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of platelet rich plasma (PRP). According to ODG shoulder section, Platelet rich plasma (PRP), "Under study as a solo treatment. PRP looks promising, but it may not be ready for prime time as a solo treatment. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a blinded, prospective, randomized trial of PRP vs. placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function". As the guidelines do not specifically recommend shoulder PRP, the determination is not medically necessary.