

Case Number:	CM13-0009507		
Date Assigned:	10/11/2013	Date of Injury:	09/11/2008
Decision Date:	09/09/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/11/08. A utilization review determination dated 8/1/13 recommends non-certification of PRP injection to the left neck and shoulder. 7/25/13 medical report identifies that the patient has tendinopathy in the left shoulder that responded temporarily to steroid and local anesthetic injection, but failed to respond to NSAIDs, analgesics, and PT. The problem has gone on for years and is disabling. PRP was recommended. The provider noted that PRP is not covered by any national guidelines, so the support of this approach will depend on reference to available peer-reviewed literature. Some references were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR PLATELET RICH PLASMA INJECTION TO LEFT NECK SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Shoulder Chapter, Platelet-rich plasma (PRP).

Decision rationale: Regarding the request for platelet-rich plasma injection to left neck and shoulder, California MTUS does not address the issue. ODG does address platelet-rich plasma, noting that it is not recommended except in a research setting, although they do recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Within the documentation available for review, there is no indication of a large rotator cuff tear and a plan for PRP in conjunction with rotator cuff repair. In light of the above issues, the currently requested platelet-rich plasma injection to left neck and shoulder is not medically necessary.