

Case Number:	CM13-0018887		
Date Assigned:	01/15/2014	Date of Injury:	03/26/2002
Decision Date:	08/07/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/30/2013

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:

The patient is a 40-year-old who was injured on March 26, 2002. The patient is a psychiatric technician with repetitive use injury. The carrier has accepted wrists, spinal cord-neck, and both upper arms. Prior treatment history has included right wrist brace, therapy, and Botox injection. Her past medication history includes Cymbalta, Tramadol, and Prevacid. Past Surgical History Includes: March 2003: The patient underwent right de Quervain's release surgery; January 23, 2013: The patient received rich plasma injections to both shoulders; January 23, 2013: 1) Bilateral shoulder injection with hemocyte autograft (PRP); 2) Creation of hemocyte autograft and preparation with phoresis; and 3) Intraoperative ultrasound. Diagnostic studies reviewed include MRI of the right shoulder performed February 11, 2004 revealed degenerative changes of the acromioclavicular joint. Office note dated August 26, 2013 documented the patient to have complaints of occasional slight headaches and slight dizziness; constant, slight pain in the upper body, chest, arms, shoulders, back of the neck; frequent neck and upper shoulder pain. She reports intermittently, the neck and shoulder pain reaches a slight to moderate level; constant, slight left thumb pain; frequent, slight right elbow pain, and intermittent slight left elbow pain. Objective findings on exam revealed slightly reduced cervical spine range of motion; bilaterally reduced shoulder range of motion; and electrodiagnostic evidence of mild left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

One platelet rich plasma injection in 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.

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

Decision rationale: According to the ODG, platelet-rich plasma (PRP) is under study. PRP looks promising, but it may not be ready for prime time. 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. The only thing that was significantly different was the time it took to do the repair; it was longer if you put PRP in the joint. There were also no differences in residual defects on MRI. (AAOS, 2010) Platelet-rich plasma did not help patients recover from arthroscopic rotator cuff surgery in this study. (Jo, 2011) Platelet-rich fibrin matrix (PRFM) applied to the site of rotator cuff tendon repair does not improve healing, and in fact might impair it. There was a significantly higher failure rate in the PRFM group than in the control group for double-row/transosseous-equivalent repairs at 12 weeks. The PRFM used in the study was the Cascade Autologous Platelet System. (Rodeo, 2012) Recent research: According to this RCT, autologous platelet-rich plasma injections for rotator cuff disease led to a progressive reduction in the pain and disability when compared to dry needling, and the benefit was still present at six months after treatment. (Rha, 2013) This study explored the efficacy of PRP injections in the wheelchair population with biceps tendon pathology, and found a significant effect of PRP using standardized measures compared to the opposite extremity as a control, with convincing data on the overall positive effect of PRP in the treatment of biceps tendinopathy. According to the Official Disability Guidelines, PRP is currently under study. Although it has become popular among professional athletes because it promises to enhance performance, there is no science behind it to support this yet. The guidelines reference that 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. The medical records do not establish the existence of pathology involving the shoulder that would potentially benefit from platelet rich plasma injection. In addition, the records do not establish failure or exhaustion of standard treatment measures that are supported and recommended by the evidence-based literature. The medical necessity and appropriateness of this procedure for this patient has not been established. The request for one platelet rich plasma injection in the right shoulder is not medically necessary or appropriate.

One platelet rich plasma injection in the left 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.

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

Decision rationale: According to the ODG, platelet-rich plasma (PRP) is under study. PRP looks promising, but it may not be ready for prime time. 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. The only thing that was significantly different was the time it took to do the repair; it was longer if you put PRP in the joint. There were also no differences in residual defects on MRI. (AAOS, 2010) Platelet-rich plasma did not help patients recover from arthroscopic rotator cuff surgery in this study. (Jo, 2011) Platelet-rich fibrin matrix (PRFM) applied to the site of rotator cuff tendon repair does not improve healing, and in fact might impair it. There was a significantly higher failure rate in the PRFM group than in the control group for double-row/transosseous-equivalent repairs at 12 weeks. The PRFM used in the study was the Cascade Autologous Platelet System. (Rodeo, 2012) Recent research: According to this RCT, autologous platelet-rich plasma injections for rotator cuff disease led to a progressive reduction in the pain and disability when compared to dry needling, and the benefit was still present at six months after treatment. (Rha, 2013) This study explored the efficacy of PRP injections in the wheelchair population with biceps tendon pathology, and found a significant effect of PRP using standardized measures compared to the opposite extremity as a control, with convincing data on the overall positive effect of PRP in the treatment of biceps tendinopathy. According to the Official Disability Guidelines, PRP is currently under study. Although it has become popular among professional athletes because it promises to enhance performance, there is no science behind it to support this yet. The guidelines reference that 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. The medical records do not establish the existence of pathology involving the shoulder that would potentially benefit from platelet rich plasma injection. In addition, the records do not establish failure or exhaustion of standard treatment measures that are supported and recommended by the evidence-based literature. The medical necessity and appropriateness of this procedure for this patient has not been established. The request for one platelet rich plasma injection in the left shoulder is not medically necessary or appropriate.