

<b>Case Number:</b>	CM13-0020196		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/01/2006
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 physician 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 55-year-old female who injured her left leg and left upper extremity on September 1, 2006. The clinical records specific to the left shoulder showed a recent progress report of August 15, 2013 describing left shoulder and left knee pain. The claimant was seen on that date by [REDACTED] specific to the left shoulder and it was noted that a request for a plasma rich protein injection under ultrasound guidance had been denied. It stated a recent MRI scan of July 23, 2013 demonstrated infraspinatus tendonitis. The purpose of the injection was to help the claimant avoid surgery. Objectively there was noted to be restricted motion to 100 degrees of flexion, 40 degrees of abduction with positive impingement testing. The claimant was given the diagnosis of left shoulder adhesive capsulitis. There was also a diagnosis of status post left shoulder rotator cuff repair. Once again, an appeal to the requested platelet rich plasma (PRP) injection to the rotator cuff was recommended to be performed under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Plasma Injection 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 (ODG) Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines section on Shoulder Procedures.

**Decision rationale:** The ACOEM Guidelines state "invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections." The Official Disability Guidelines' criteria regarding PRP injections of the shoulder are still under study with no long term literature to support their benefit over other established first line treatments. There is nothing in this case indicating this claimant to be an exception to the rule. The role of a PRP injection to the claimant's left shoulder at this stage in the clinical course of care based on the recent clinical findings would not be supported. As the ACOEM Guidelines state that invasive techniques have limited value and that Official Disability Guidelines indicate that PRP is still under study, the request for a PRP injection to the left shoulder is not medically necessary and appropriate.