

<b>Case Number:</b>	CM13-0021053		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 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 patient is a 67-year-old male who sustained a work-related injury on 10/05/2009. The clinical information indicated that the patient was scheduled for a right shoulder surgery in 11/2013. The clinical information indicates that the patient has undergone prior conservative care in the form of physical therapy, acupuncture, chiropractic care, and medication management. The evaluation done on 09/24/2013 revealed objective findings, the right shoulder has a restricted range of motion as well as decreased motor strength. The treatment plan included a request for authorization for medications, topical creams, a Dynasplint, and initial referral authorization to a pain management specialist. The most recent evaluation on 09/30/2013 documented subjective findings of musculoskeletal pain in the bilateral knees, neck, lower back, and right shoulder. Additionally, the patient reported numbness and tingling in the lower back that radiated to the bilateral legs. Physical examination of the extremities for tenderness and range of motion was deferred to the appropriate specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Plasma Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Plasma Rich Platelet Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Plasma Rich Platelet Injections.

**Decision rationale:** The Official Disability Guidelines indicate that while platelet rich plasma injections look promising, they are still under study and may not be ready for mainstream use. Additionally, there is no indication that platelet rich plasma injections are more beneficial in pain relief or in function versus placebo. Given that platelet rich plasma injections are considered experimental at this stage and are not a recommended procedure per the Official Disability Guidelines, the request for a platelet rich plasma injection is non-certified.