

Case Number:	CM13-0031299		
Date Assigned:	12/13/2013	Date of Injury:	01/23/2013
Decision Date:	03/17/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine & Rehabilitation, 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 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:

According to the records made available for review, this is a 48-year-old male with a 1/23/13 date of injury. At the time of request for authorization for Plasma Rich injection to right shoulder, there is documentation of subjective (right shoulder pain) and objective (decreased motion with internal rotation) findings, current diagnoses (pain in joint, shoulder region; superior glenoid labrum lesions (SLAP), and adhesive capsulitis of shoulder). The treatment to date (home exercise program, ice therapy, and medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Plasma Rich injection to 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 (ODG)

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, Platelet-rich plasma (PRP)

Decision rationale: MTUS does not specifically address this issue. The Official Disability Guidelines (ODG) identifies platelet-rich plasma injections are not recommended for shoulder

complaints. Therefore, based on guidelines and a review of the evidence, the request for Plasma Rich injection to right shoulder is not medically necessary.