

Case Number:	CM13-0032779		
Date Assigned:	12/06/2013	Date of Injury:	02/22/2012
Decision Date:	04/17/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 30-year-old male who reported injury on 02/22/2012. The mechanism of injury was noted to be the patient was lifting a tile with a tile/wood floor bar and had the onset of right-sided shoulder pain. Physical examination dated 08/26/2013 revealed the patient had severe weakness of the right shoulder with locking. The patient had weakness to external rotation and a positive O'Brien's. The MRI was noted to show a full thickness tear of the supraspinatus tendon and SLAP tear. The patient's diagnosis was noted to be sprain and strain of the shoulder, upper arms, and superior glenoid labrum lesion. The request was made for a steroid/anesthetic injection with platelet rich plasma (PRP) supplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID/ANESTHETIC INJECTION: PLATELET RICH PLASMA (PRP) SUPPLEMENTATION: 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 (Acute & Chronic) Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, PRP Injections

Decision rationale: ACOEM Guidelines indicate that if the patient has significant pain with elevation significantly limiting activities a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks, which includes strengthening exercises and nonsteroidal antiinflammatory drugs. The clinical documentation submitted for review indicated the patient had physical therapy. However, dates of service, duration of care and patient response were not documented. ACOEM, however, does not address PRP injections. As such, secondary guidelines were sought. Official Disability Guidelines indicate that platelet rich plasma injections are under study and have become popular among professional athletes because it promises to enhance performance but there is no science behind it yet. Clinical documentation submitted for review indicated the patient had significant pain. There was a lack of documentation including a DWC Form RFA or PR2 requesting the submitted services and the rationale for the service. There was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for steroid/anesthetic injection: platelet rich plasma supplementation is not medically necessary.