

Case Number:	CM13-0036224		
Date Assigned:	12/13/2013	Date of Injury:	05/15/1998
Decision Date:	02/26/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/18/2013

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 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:

This is a 45 year old claimant with right shoulder pain. An exam note from 8/1/13 demonstrates temporary relief with tendon injection and physical therapy. An exam note from 9/23/13 demonstrates complaint of tightness and tenderness in the neck and shoulder. A request was made for a platelet rich plasma injection for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Platelet rich plasma injection Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS Guidelines are silent on this issue. The ODG, regarding Platelet-rich plasma (PRP), states that it 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. 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 guidelines, PRP is considered investigational. Therefore, the requested services are not medically necessary or appropriate at this time.