

Case Number:	CM13-0046308		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2012
Decision Date:	10/08/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 claimant is a 27-year-old female who injured her left shoulder at work on June 6, 2012, while performing physical fitness exercises. The report of an MRI scan on June 29, 2012 showed evidence of cystic change at the acromioclavicular joint, tendinosis of the undersurface of the supraspinatus, but no other clinical findings. The claimant underwent arthroscopic subacromial decompression and distal clavicle excision in February of 2013. The clinical assessment on July 17, 2014, noted ongoing complaints of pain in the shoulder despite postoperative conservative measures including physical therapy, medication management, activity restrictions and prior corticosteroid injections. Physical examination demonstrated full range of motion and tenderness at the acromioclavicular joint. The recommendation made was for a stabilization brace, prolonged physical therapy and to refrain from further corticosteroid injections. This request is for an isolated PRP injection to the claimant's acromioclavicular joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA (PRP) TREATMENTS TO LEFT AC JOINT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-

MTUS Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013
Updates: shoulder procedure-Platelet-rich plasma (PRP).

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not recommend PRP injections to the shoulder from a conservative point of view. While current research shows improvement with PRP during surgery for rotator cuff repair procedures, there is no clinical indication for PRP injections for the claimant's left acromioclavicular joint. Official Disability Guidelines do not support the role of PRP injections to the acromioclavicular joint or for conservative management. Therefore, the specific request in this case would not be supported.