

Case Number:	CM13-0050759		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2012
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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, has a subspecialty in Pediatric Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 05/29/2012. The patient is diagnosed with bilateral shoulder sprain and strain with impingement, bilateral elbow sprain and strain, and bilateral wrist sprain and strain with carpal tunnel syndrome. The latest physician progress report is submitted on 05/24/2013 by [REDACTED]. The patient reported constant and moderate to severe sharp pain in the left upper extremity. Physical examination revealed 3+ tenderness to palpation with limited range of motion of the bilateral shoulders, wrists, and elbows. Treatment recommendations included chiropractic treatment, acupuncture, and an MRI of bilateral shoulders, elbows, and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma (PRP) injections to the left 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), Shoulder Chapter

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. Official Disability Guidelines state platelet rich plasma injections are currently under study for the shoulder. There was no physician progress report submitted on the requesting date of 10/08/2013. The latest physical examination by [REDACTED] is documented on 05/24/2013, and revealed 3+ tenderness to palpation with limited shoulder range of motion. There is no documentation of a recent failure to respond to conservative treatment. As platelet rich plasma injections are currently under study for the shoulder, the current request cannot be determined as medically appropriate. As such, the request is non-certified.