

Case Number:	CM13-0052743		
Date Assigned:	06/09/2014	Date of Injury:	05/13/2011
Decision Date:	07/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Medicine 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 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 injured worker is a 47 year old female whose date of injury is 05/13/2011. The injured worker was pushing a cart of lettuce when she felt pain in the lateral aspect of her right elbow. Note dated 04/09/13 indicates that she completed approximately eight sessions of physical therapy which did not provide significant relief. She has had two injections in her right elbow as well as Synvisc injection to the radiohumeral joint on 09/04/13 which provided approximately one week of pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER PLATELET RICH PLASMA (PRP) INJECTIONS UNDER ULTRASOUND GUIDANCE: 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 OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, PLATELET-RICH PLASMA (PRP).

Decision rationale: Based on the clinical information provided, the request for left shoulder platelet rich plasma injections under ultrasound guidance is not recommended as medically

necessary. There is no current, detailed physical examination submitted for review. The Official Disability Guidelines (ODG) note that platelet rich plasma injections are under study. The Official Disability Guidelines state that platelet rich plasma looks promising, but it may not be ready for prime time.