

Case Number:	CM13-0052772		
Date Assigned:	06/09/2014	Date of Injury:	05/13/2011
Decision Date:	07/30/2014	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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 who reported an injury on 05/13/2011. The mechanism of injury was not provided. On 01/09/2014, the injured worker presented with bilateral shoulder pain and right elbow pain. On examination of the cervical spine, the range of motion values were 35 degrees of forward flexion, 25 degrees of extension, 40 degrees of right rotation, 40 degrees of left rotation, 35 degrees of right lateral bending, and 35 degrees of left lateral bending. There was also muscle spasm noted to the trapezius muscle. Prior treatment included psychological counseling, chiropractic therapy, and medications. The diagnoses were right elbow common extensor tendon intrasubstance tearing and degenerative changes at the radiocapitellar surfaces, cervicalgia, bilateral shoulder pain, and bilateral rotator cuff tear. The provider recommended a right shoulder PRP injection under ultrasound guidance. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER PRP INJECTIONS UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Shoulder, Platelet-rich Guidelines.

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, Platelet-rich Plasma.

Decision rationale: The request for right shoulder PRP injection under ultrasound guidance is non-certified. The California MTUS/ACOEM Guidelines state invasive techniques have limited proven value. The Official Disability Guidelines further state that platelet rich plasma injections are under study. PRP has become popular among professional athletes because it promises enhanced performance, but there is no science behind it yet. The included medical documentation lacked evidence of right shoulder deficits. The physical examination provided only left shoulder deficits. Additionally, the guidelines state that PRP injections are under study. As such, the request is non-certified.