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| Case Number: | CM13-0053917 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/16/2008 |
| Decision Date: | 03/14/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 16, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; a prior elbow medial epicondylectomy surgery; a carpal tunnel release surgery; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report of October 30, 2013, the claims administrator denied a request for platelet rich plasma injections, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A November 15, 2013 progress note is notable for comments that the applicant reports multifocal wrist, shoulder, and neck pain with associated depression and anxiety. The applicant is using numerous medications, including Neurontin, Naprosyn, and various topical compounds. The applicant's work status was not clearly stated. An earlier note of November 5, 2013 is notable for comments that the applicant is off of work, on total temporary disability. None of the reports provided explicitly discussed usage of platelet rich plasma injections to the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for platelet-rich plasma injections to the shoulders: Upheld

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

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 Official Disability Guidelines indicate that platelet-rich plasma injections are under study. The guidelines did not issue a summary of recommendation on this topic. While the platelet-rich plasma injections in question could have been supportive if there is evidence that the applicant had tried, failed, and exhausted other appropriate treatments, which do carry more favorable recommendations in the MTUS, including conventional shoulder corticosteroid injections, surgery, and physical therapy. In this case; however, there is little or no narrative history or narrative commentary provided for review. It was not clearly stated what treatment or treatments the applicant had or had not undergone for the shoulders. The progress notes provided did not explicitly discuss usage of the proposed platelet-rich plasma injections, it is further noted. Therefore, the request is not certified, due to the lack of supporting documentation.