

Case Number:	CM13-0056475		
Date Assigned:	12/30/2013	Date of Injury:	12/28/2011
Decision Date:	04/10/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 35-year-old male injured in a work related accident on June 29, 2012. The clinical records included a progress report dated July 24, 2013 documenting a working diagnosis of pectoralis tendinosis status post pectoralis musculotendinus strain status post left shoulder arthroscopic repair. The physical examination findings specific to the upper extremities revealed the shoulder with mild reproducible pain over the pectoralis tendon with full external rotation and extension. There was full range of motion noted in the shoulder. The contralateral right shoulder examination was benign. The clinical records documented that the claimant had failed conservative management in regards to the shoulder and that he was not a surgical candidate. A trial of PRP injection under ultrasound guidance for the shoulder particularly at the pectoralis tendon was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLASMA RICH INJECTION UNDER ULTRASOUND WITH LOA FORM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability

Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Platelet-rich plasma (PRP)

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines do not recommend the PRP injections in the setting of the shoulder. Based upon the ODG Guidelines, the request for the plasma rich injection to the shoulder pectoralis tendon would not be indicated.