

<b>Case Number:</b>	CM13-0057663		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, has a subspecialty in Sports 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 54 year-old female who reported and injury on 04/01/2011. The mechanism of injury was noted as cumulative trauma. The current diagnoses include left rotator cuff tear and left shoulder sprain/strain. The injured worker has had complaints of chronic pain to her left shoulder since her injury. The official MRI of the left shoulder from 02/15/2013 revealed a complete tear of supraspinatus tendon with 11.1 mm tendinous retraction, infraspinatus tendonitis, mild acromioclavicular osteoarthritis, and bicipital tenosynovitis. The clinical note from 08/27/2013 noted on examination of the left shoulder, the injured worker complained of intermittent moderate sharp left shoulder pain. There was 3+ tenderness to palpation of the left shoulder. The treatment plan included awaiting approval for the platelet-rich plasma injections. The physician did not provide information regarding the need for the current requested injection. Also, there was lack of documentation to indicated results from her physical therapy and if deficits still remained. The current request with the date not provided is a PRP injection to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP INJECTION LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Platelet Rich Plasma.

**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:** The Official Disability Guidelines (ODG) indicated that Platelet-rich plasma (PRP) injections are under study. For patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. Clinical studies that have been done so far do not clearly demonstrate if platelet-rich plasma (PRP) is more effective than other treatments. Given this intervention is not recommended by guidelines, the request is not supported. Therefore, the current request for PRP injection to the left shoulder is not medically necessary.