

Case Number:	CM13-0063823		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2012
Decision Date:	05/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 61-year-old female who reported an injury on 11/27/2012 after her right ankle caught and twisted on some rebar. The injured worker reportedly sustained an injury to her right ankle. The injured worker's treatment history to the ankle included medications and physical therapy. The injured worker also reportedly sustained an injury to the left shoulder. An MRI of the left shoulder dated 08/26/2013 documented supraspinatus interstitial laminar tear, bursitis, and acromion impingement. The injured worker's treatment history for the left shoulder included physical therapy, medications, activity modifications and epidural steroid injections. The injured worker was evaluated on 10/29/2013. It was documented that she had ongoing shoulder and elbow pain. Physical findings included weakness with rotator cuff testing, and mild pain with supraspinatus testing with a positive impingement sign and limited range of motion secondary to pain. The injured worker's diagnoses included left shoulder interstitial laminar rotator cuff tear with impingement and left shoulder calcific tendinitis. The injured worker's treatment plan included a home exercise program, nonsteroidal anti-inflammatory drugs, and plasma rich platelet injection.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Plasma Rich Platelet Injections.

Decision rationale: The requested plasma rich platelet injection for the left shoulder is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this type of injection. Official Disability Guidelines do not recommend plasma rich platelet injections for the shoulder as this treatment modality is still considered highly investigational and experimental. The efficacy and safety of this treatment is not supported by sufficient scientific data. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested plasma rich platelet injection of the left shoulder is not medically necessary or appropriate.