

<b>Case Number:</b>	CM14-0000826		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Anesthesiology 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:

This patient is a 64-year-old male with a date of injury of 09/04/2013. The patients' diagnoses include left shoulder tendinopathy with possible partial tear to the rotator cuff and bicep, Additional past medical history includes diabetes mellitus, hypertension and congestive heart failure. This is a request for platelet rich plasma to "reduce pain, improve ranges of motion and heal the partial tear."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder platelet rich plasma (PRP) injection under sedation and ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder, 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

**Decision rationale:** This is a review for the requested left shoulder Platelet-Rich Plasma (PRP) injection. The MTUS Guidelines is silent on this issue. The ODG basically considers PRP injection therapy as something that looks promising but not considered acceptable as a solo

treatment. As a solo treatment it is still under investigation. It is recommended only in conjunction with arthroscopic surgery for repair of massive rotator cuff tears. Therefore, the above listed issue is considered to be NOT medically necessary.