

<b>Case Number:</b>	CM14-0006453		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Orthopedic 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 59 year old female who reported an injury 1/18/13 to her right shoulder. The utilization review dated 12/16/13 resulted in a denial for an echocardiogram and a PRP injection at the right shoulder as a lack of information was submitted confirming the medical need for the proposed procedures. The clinical note dated 10/21/13 indicates the injured worker complaining of constant neck pain with a burning type sensation in the right arm. The injured worker also reported intermittent pain at the right shoulder with radiation of pain to the right arm. There is an indication the injured worker has previously undergone physical therapy which did provide some benefit. The injured worker rated the pain as 8/10 at that time. The injured worker also had complaints of a dull pain in the low back with radiation of pain to the right lower extremity. The injured worker rated that pain as 6-7/10. There is an indication the injured worker is showing minimal range of motion deficits in the cervical region to include 40 degrees of bilateral lateral flexion. The clinical note dated 09/24/13 indicates the injured worker continuing with right shoulder pain that was rated as 8/10. Tenderness was identified upon palpation as well as decreased range of motion. The clinical note dated 08/19/13 indicates the injured worker complaining of dull pain in the neck and right shoulder as well as the low back. The note does indicate the injured worker having range of motion deficits in the cervical spine. The MRI of the right shoulder dated 08/16/13 revealed a full thickness tear at the supraspinatus tendon with 6mm of retraction. Tendonitis was also identified at the supraspinatus as well as the infraspinatus. Acromioclavicular osteoarthritis was also revealed. A magnetic resonance imaging (MRI) of the lumbar spine dated 08/16/13 revealed mild foraminal narrowing at L4-5 as well as a grade 1 anterolisthesis at L5-S1 resulting in severe bilateral neuroforaminal narrowing. An MRI of the cervical spine dated 08/15/13 revealed moderate left sided neuroforaminal narrowing at C5-6 as well as moderate to severe bilateral neuroforaminal narrowing at C6-7.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ECHOCARDIOGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92,127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-operative Echocardiogram.

**Decision rationale:** The documentation indicates the injured worker having complaints of pain at several sites. An echocardiogram is indicated for injured workers undergoing a high risk surgery and those having been identified as being an immediate risk for vascular, aortic, or who have a history of cerebral vascular disease, diabetes, or renal insufficiency. No information was submitted regarding the injured worker's significant clinical findings indicating the need for an echocardiogram. Given the lack of information supporting the need for an echocardiogram, this request is not indicated as medically necessary.

**PLASMA RICH PROTEIN (PRP) INJECTION TO THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**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, Platelet-rich plasma (PRP).

**Decision rationale:** No high quality studies have been published in peer reviewed literature supporting the use of platelet rich plasma at the shoulder. Given that no confirmation of the safety and efficacy has been provided for the use of platelet rich plasma injections at the shoulder, this request is not indicated as medically necessary.