

Case Number:	CM14-0006560		
Date Assigned:	03/03/2014	Date of Injury:	01/12/2006
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 licensed in Clinical Psychology, has a subspecialty in Health Psychology and pain management 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 patient is 47 year old claimant female with industrial injury 1/12/06. Injury involved cumulative trauma due to repetitive motions associated with computer work. Procedure note from 12/19/13 demonstrates diagnosis of thoracic outlet syndrome and cervical dystonia. Procedure performed is noted to be block of right scalene, pectoral and subclavius. Exam note dated 12/26/13 demonstrates improved dystonia and spasm after botox therapy. Report of residual pain in trapezius, levator and rhomboid tendon insertion. Request is made for platelet rich plasma to right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA TO RIGHT SHOULDER (TO BE DONE AT AN OUTPATIENT SURGERY CENTER OR IN OFFICE): 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) Shoulder Chapter Platelet Rich Plasma (PRP).

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: CA MTUS/ACOEM does not address Platelet Rich Plasma (PRP) to right shoulder. According to the Official Disability Guidelines (ODG), Shoulder Chapter, PRP is not recommended for the shoulder. As PRP does not meet guideline criteria cited above, the request cannot be supported. The request for Platelet Rich Plasma (PRP) to right shoulder is not medically necessary and appropriate.