

Case Number:	CM14-0007620		
Date Assigned:	02/10/2014	Date of Injury:	04/02/2012
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/21/2014

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 Neurological Surgery 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 injured worker is a 47-year-old individual who was injured on April 02, 2012. The current diagnosis listed is a shoulder region dysfunction. It is noted that there are ongoing myofascial pain issues, coccydynia, and sitting intolerance, and multiple level degenerative disc disease. Imaging studies did not note any specific pathology. Past surgery includes hip arthroscopy. Electrodiagnostic (EMG) studies noted a L4 lesion. The request for a hip malady injection was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP INJECTION, RIGHT ILIOPSOAS TENDON, RIGHT HIP: 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) HIP AND PELVIS, PRP

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP AND PELVIS

Decision rationale: According to the Official Disability Guidelines (ODG), little has been published regarding the use of platelet-rich plasma (PRP) during total hip arthroplasty. This is

an experimental procedure that has some varied initial results. There is no competent, objective and independently confirmable medical evidence supporting this intervention. In this case, a review of the comorbidities identified, the failure to resolve the pain issues, and also the prevailing standard of care, there is insufficient clinical data presented to support the request. As such, the request is not certified.