

Case Number:	CM14-0102137		
Date Assigned:	09/24/2014	Date of Injury:	10/08/2012
Decision Date:	10/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 female who reported an injury on 10/08/2012. The mechanism of injury was not provided. The injured worker's diagnoses included sprain/strain of the knee and leg, right patellar tendinitis, and right rotator cuff sprain/strain. The injured worker's past treatments included medications, physical therapy, and surgery. The injured worker's diagnostic testing included an official MRI of the right shoulder and cervical spine on 03/07/2014, which revealed prior screw tract to the superior portion of the humeral head, small amount of fluid present in the subacromial/subdeltoid bursa, degenerative hypertrophic changes of the AC joint, and mild atrophy of the supraspinatus of the right shoulder. An official MR arthro of the right shoulder on 04/04/2014, revealed the injured worker had a repair of the torn rotator cuff with micro metal/suture artifact proximal to the footprint. The injured worker's surgical history included left knee arthroscopy with debridement of posterior horn medial meniscus tear, right knee extensive chondroplasty including patellofemoral joint on 03/13/2014. On the clinical note dated 03/15/2014, the injured worker complained of pain rated 2/10. The injured worker had 5/5 muscle strength to the left knee and 3/5 muscle strength to the right knee. Range of motion to the right knee was flexion at 126 degrees, extension at 12 degrees, and hyperextension 0 degrees. The injured worker's medications were not provided. The request was for a PRP injection to the right shoulder and right knee. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injection right shoulder right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), SHOULDER AND KNEE, Platelet-rich plasma (PRP).

Decision rationale: The request for PRP injection right shoulder right knee is not medically necessary. The injured worker is diagnosed with sprain/strain of the knee and leg, patellar tendinitis on the right, and rotator cuff sprain/strain on the right. The injured worker complains of pain rated 2/10. The Official Disability Guidelines state platelet rich plasma injections are currently under study. A small study was found for the knee that stated significant improvement in all scores at the end of multiple platelet rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy, and further improvement was noted at 6 months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases of chronic refractory tendinopathy after previous classical treatments have failed. The guidelines state for the shoulder, it is under study as a sole treatment. The guidelines recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. The medical records indicate the injured worker has slightly decreased range of motion to the right knee. The medical records do not indicate the range of motion for the right shoulder. There is a lack of documentation indicating the injured worker is undergoing an arthroscopic repair for a large to massive rotator cuff tear. Additionally, the request does not indicate the rationale for the PRP injection to the right shoulder and right knee. There is a lack of significant objective functional deficits. As such, the request for PRP injection right shoulder right knee is not medically necessary.