

<b>Case Number:</b>	CM14-0104525		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 claimant is a 50 year old gentleman who sustained multiple injuries to the cervical spine, bilateral shoulders, bilateral wrists, bilateral hips, bilateral elbows and low back on 03/06/13. The medical records provided for review documented that the claimant was status post left shoulder arthroscopy, decompression, distal clavicle resection and SLAP repair; however, it is unclear when the surgery took place. Postoperative care has included physical therapy, medication management and activity modification. The progress report of 06/03/14 noted continued complaints of bilateral shoulder pain. Physical examination of the left shoulder revealed weakness with resistance and positive compression testing. The recommendation was for NJX injection for the left shoulder for the primary diagnosis of bicep tendinopathy and pain at the bicipital/labral anchor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**njx platelet plasma:** 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 Chapter: Platelet Rich Plasma (PRP)

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for the NJX platelet plasma (PRP) injection is not recommended as medically necessary. The Official Disability Guidelines do not recommend platelet rich plasma injections for the shoulder as isolated care, particularly in the postoperative setting. According to the ODG Guidelines, a platelet rich plasma injection in conjunction with surgical repair of a large, massive rotator cuff tears performed at the time of surgery can be considered as an option. Based on the claimant's clinical presentation and post-surgical setting, the use of an NJX platelet rich plasma injection would not be supported as isolated treatment in this individual's postoperative course of care.