

Case Number:	CM14-0012467		
Date Assigned:	02/21/2014	Date of Injury:	04/02/2010
Decision Date:	07/07/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/30/2014

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 HPM, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 35-year-old gentleman with a date of injury of 04/02/2010. An AME report by the physician dated 11/20/2013 identified the mechanism of injury as a coworker used the worker's shoulders for support when climbing down from standing on a stepstool resulting in pain in both shoulders and the neck. The physician's AME report dated 11/20/2013, the physician note dated 11/21/2013, the physician notes dated 12/10/2013 and 01/14/2014, and the physician note dated 12/18/2013 indicated the member was experiencing mild pain in the left shoulder, intermittently in the right shoulder, and in the neck. Recorded examinations of the left shoulder described normal and equal reflexes and strength in both arms but mild tenderness throughout the shoulders. The physician's AME report dated 11/20/2013 recorded a MRI of the left shoulder done on 05/04/2011 showed injury to two tendons of the rotator cuff and a small tendon tear. This report also documented a MR Arthrogram of the left shoulder done on 04/30/2012 was normal. The most recent pertinent diagnoses reported by the above submitted documentation included left and right shoulder impingement and pain. The physician's AME report dated 11/20/2013 indicated the treatments have included injected Toradol, two courses of physical therapy, injected steroids with good results for six months, chiropractic care, topical Lidoderm, psychological treatment, use of a TENS unit, and oral medications. A Utilization Review decision was rendered on 01/24/2014 recommending non-certification for injection of the left shoulder with platelet-rich plasma under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER PLATELET-RICH PLASMA (PRP) INJECTION UNDER
ULTRASOUND: Upheld**

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Khan K, et al. Overview of the management of overuse (chronic) tendinopathy. Topic 230, version 13.0. UpToDate. Accessed 06/27/2014. Moraes VY, et al. Platelet-rich therapies for musculoskeletal soft tissue injuries. Cochrane Database Syst Rev 2013; 12: CD010071.

Decision rationale: The MTUS Guidelines are silent as to the issue of the use of injected platelet-rich plasma in this setting. Studies of this therapy are limited. A Cochrane Database systematic review evaluated nineteen studies and concluded that the available data was insufficient to support the use of this therapy. While smaller studies have suggested some potential benefit in healing, others have suggested decreased healing. The AME report by The physician dated 11/20/2013 indicated the worker had benefit from prior treatment with injected steroids for six months. In addition, this report, [REDACTED] note dated 11/21/2013, and [REDACTED]. [REDACTED] note dated 12/18/2013 suggest the pain is generally well-controlled with the use of a TENS unit and with medications. No available studies in the literature have directly addressed the issues of decreased pain medication use or improved functionality. In the absence of such evidence, the current request for left shoulder injections with platelet-rich plasma under ultrasound guidance is not medically necessary.