

<b>Case Number:</b>	CM14-0016816		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 and Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 a 70 year-old male who was injured on 7/20/12. The IMR application shows the employee disputes the 1/20/14 UR decision on the left shoulder MRI and plasma rich platelet injection. The 1/20/14 UR letter states they reviewed the 1/10/14 report and recommended non-certification for the left shoulder MRI and injections.. There are several AME reports from 2013 showing history of treatment for various complaints back through 1996. According to the 1/20/14 UR letter, the 1/10/14 report described the patient with 9/10 aching/throbbing pain in the left shoulder. prior cortisone injection did not help.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** According to the MTUS/ACOEM Guidelines regarding imaging, state, "Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases when surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further evaluate the possibility of potentially serious pathology, such as a tumor. Selecting specific imaging equipment and procedures will depend on the availability and experience of local referrals. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms." In this case, the medical records provided for review does indicate emergence of red flag, physiologic evidence of tissue insult, failure to progress in a strengthening program or clarification of anatomy prior to an invasive procedure for shoulder imaging. Based on the lack of information provided for review the request cannot be supported. The request for a left shoulder MRI is not medically necessary and appropriate.

**PLASMA RICH PLATELET INJECTION (LEFT SHOULDER):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Online For: Platelet-Rich Plasma (PRP).

**Decision rationale:** According to the Official Disability Guidelines (ODG), regarding Platelet-rich plasma (PRP), states, "Not recommended except in a research setting. PRP therapies are more complicated than previously acknowledged, and an understanding of the fundamental processes and pivotal molecules involved will need to be elucidated. PRP therapies in clinical trials await assessment. Platelet-rich plasma (PRP) therapy is a recently developed technique that uses a concentrated portion of autologous blood to try to improve and accelerate the healing of various tissues. There is considerable interest in using PRP for the treatment of musculoskeletal disorders, particularly athletic injuries. Because PRP products are safe and easy to prepare and administer, there has been increased attention toward using PRP in numerous clinical settings. Platelet-rich plasma has been used to treat conditions such as lateral epicondylitis, ligament and muscle strains, and tears of the rotator cuff, anterior cruciate ligament, Achilles tendon, plastic surgery and other conditions. Platelet-rich plasma can be applied at the site of injury either during surgery or through an injection performed in the physician's office. However, there is little published clinical evidence that proves its efficacy in treating the multitude of injuries/disorders that are thought to benefit from PRP." Additionally the ODG does not recommend PRP injections for the ankle, low back, and shoulder. Based on the medical records provided for review the patient has complaints of left shoulder pain. There are no medical

records related to the current request for PRP injection. The ODG specifically stated that PRP injections are not recommended for the shoulder. The request for Plasma Rich Platelet Injection for the left shoulder is not medically necessary and appropriate.