

Case Number:	CM14-0016986		
Date Assigned:	03/07/2014	Date of Injury:	01/14/2009
Decision Date:	06/02/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	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 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 49-year-old gentleman who fell off of a scaffold on January 14, 2009 and injured his right shoulder. The clinical records provided for review identify that the claimant is status post a January 26, 2012 right shoulder arthroscopic subacromial decompression as well as an October 4, 2012 right shoulder manipulation under anesthesia. The records document that the claimant continued to have postoperative discomfort. A May 17, 2013 progress report noted continued complaints of pain in the shoulder that increased with motion and lifting. The progress report also noted that a platelet rich plasma injection provided 40 percent improvement in pain complaints. Recommendations were made for PRP injections and a healing and growth factor injection to the shoulder. No reports of post-op imaging were provided. There is a retrospective request for a healing growth factor injection and PRP injection to the claimant's shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE SHOULDER SURGERY PROCEDURE: PLASMA RICH PROTEIN INJECTION TO SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2014, SHOULDER PRP.

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

TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: SHOULDER
PROCEDURE- PLATELET-RICH PLASMA (PRP).

Decision rationale: The CA MTUS and ACOEM Guidelines do not address PRP injections for the shoulder. According to the Official Disability Guidelines, PRP injections cannot be recommended as medically necessary. The Official Disability Guidelines state that PRP injections remain under study due to lack of long term efficacy for functional benefit over the traditional first line forms of treatment. Secondly, while the claimant has already had one PRP injection, the documentation indicates that the claimant only received 40% improvement from the injection. Therefore, based upon this information, the request for further PRP injections cannot be recommended as medically necessary.

**RETROSPECTIVE SHOULDER SURGERY PROCEDURE: HEALING AND GROWTH
FACTOR INJECTION FOR (STRAIN OF THE RIGHT SHOULDER): Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE: STEM CELL AUTOLOGOUS TRANSPLANTATION.

Decision rationale: The CA MTUS and ACOEM Guidelines are also silent regarding growth factor injections. When looking at Official Disability Guidelines, the request for a healing and growth factor injection cannot be recommended as medically necessary. The ODG Guidelines specifically state that stem cell injections with combination of growth factor have not been proven to demonstrate long term benefit or efficacy in the clinical setting. Based on current literature and research, the specific request for growth factor injectables to the claimant's shoulder would not be indicated.