MAXIMUS Federal Services

Case Number:	CM14-0134141		
Date Assigned:	09/10/2014	Date of Injury:	10/04/2013
Decision Date:	10/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/19/2014

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 53-year-old female who sustained a vocational injury on October 4, 2013 as a result of cumulative repetitive trauma while working as a clerk. The medical records provided for review documented diagnoses of bilateral shoulder strain, bilateral elbow strain, and bilateral wrist pain. The dated July 15, 2014, documented that the claimant was receiving therapy for the right upper extremity. With repetitive motion and reaching, her pain was sharpened, especially against resistance. Voltaren gel helped slightly. Examination of both shoulders revealed flexion to 120 degrees, extension of 50 degrees, internal rotation to 70 degrees, external rotation to 70 degrees, abduction to 160 degrees. Adduction was to 50 degrees. Strength was 4/5. Impingement sign was negative. Apprehension test was negative. Conservative treatment to date includes acupuncture, physical therapy times twelve sessions and medications. The report of an MRI of the right shoulder dated April 8, 2014, identified high grade partial tear of the insertional segment of the supraspinatus. There is suspicion of early degenerative joint disease at the glenohumeral articulation and there was glenohumeral effusion. There was minimal subacromial effusion most likely related to supraspinatus tendinosis. The bicipital labral complex was intact and there was mild bicipital tenosynovitis, which could not be excluded. This request is for right shoulder 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:

Right shoulder platelet rich plasma - ultrasound guided: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (Acute and Chronic), Platelet-rich plasma (PRP)

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) Under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. (Jo, 2013) PRP looks promising, but it may not be ready for prime time as a solo treatment. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines state that currently platelet rich plasma is considered experimental and under study as a solo treatment and not considered medically necessary. Prior to considering platelet rich plasma injections as a last line of conservative treatment, there should be documentation that intraarticular or subacromial injections have been utilized to decrease symptoms and improve overall function. In addition, imaging guidance for shoulder injections is also considered not medically necessary based on Official Disability Guidelines. Therefore, based on the documentation presented for review and in accordance with Official Disability Guideline, the request for right shoulder platelet rich plasma rich injection under ultrasound guidance cannot be considered medically necessary.