

Case Number:	CM14-0155644		
Date Assigned:	09/25/2014	Date of Injury:	10/04/2013
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 10/4/13 date of injury. At the time (8/15/14) of request for authorization for PRP (Platelet rich plasma) Injection to right shoulder, there is documentation of subjective (bilateral shoulder pain) and objective (tenderness to palpation over the right shoulder acromioclavicular joint with painful arc motion, weakness of the supraspinatus, and decreased elevation) findings, current diagnoses (bilateral severe impingement syndrome with rotator cuff calcific tendonitis), and treatment to date (physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP (Platelet rich plasma) Injection To Right 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, Platelet rich Plasma

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: MTUS does not specifically address this issue. ODG identifies that platelet-rich plasma is under study as a solo treatment for shoulder complaints. Therefore, based on guidelines and a review of the evidence, the request for PRP (Platelet rich plasma) Injection to right shoulder is not medically necessary.