

Case Number:	CM14-0157294		
Date Assigned:	09/30/2014	Date of Injury:	02/19/2003
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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, 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 64 year old female with an injury date of 02/19/03. The 08/25/14 report by ■■■ states that the patient presents with chronic daily pain in both shoulders post bilateral rotator cuff surgical repair. Pain is described as sharp. She also presents with cervical pain and stiffness and occasional associated headaches. The patient is temporarily totally disabled. Examination reveals limited range of motion of both shoulders with positive Hawkins, empty can and Neer's testing. Cervical palpable myofascial spasms are present bilaterally. The patient's diagnoses include: Status post bilateral rotator cuff surgical repair (date unknown) Bilateral rotator cuff tendinosis Multilevel cervical disc protrusion Cervical myofascial spasms Medications as listed as Ibuprofen and Duexis. The utilization review being challenged is dated 09/10/14. The rationale is that Platelet rich plasma injections are not recommended as a solo treatment. Reports were provided from 04/16/14 to 08/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 repeat bilateral shoulder platelet rich plasma injection sessions: 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 (Acute & Chronic)

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: The patient presents with daily bilateral shoulder pain post rotator cuff surgical repair (date unknown) along with cervical pain and stiffness with associated headaches. The physician requests for 12 repeat Platelet Rich Plasma injection sessions. On 08/25/14 [REDACTED] states the request is for pain relief so that she may wean off daily ibuprofen medication. The ODG guidelines Shoulder Chapter states the following regarding 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." The ODG guidelines pain chapter states, "Not recommended for chronic pain except in a research setting." In this case, there is no discussion in the reports provided as to any benefit to the patient from the prior injections or the date of the injections. No documentation was provided that indicated this patient's rotator cuff surgical repair was large or massive to qualify for a PRP injection trial per ODG. Furthermore, the physician states the treatment is for pain described as chronic in the 08/25/14 report. The ODG does not recommend PRP for chronic pain. The request is for 12 such injections as well, which is not supported in the guidelines. Therefore the request is not medically necessary.

PRP injection with completion of letter of agreement: 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), Shoulder Chapter, Platelet-rich plasma (PRP)

Decision rationale: The patient presents with daily bilateral shoulder pain post rotator cuff surgical repair (date unknown) along with cervical pain and stiffness with associated headaches. The physician requests for PRP injection with completion of letter of agreement. On 08/25/14 [REDACTED] states the request is for pain relief so that she may wean off daily ibuprofen medication. The ODG guidelines Shoulder Chapter states the following regarding 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." ODG guidelines pain chapter states, "Not recommended for chronic pain except in a research setting." In this case, there is no discussion in the reports provided as to any benefit to the patient from the prior injections or the date of the injections. No documentation was provided that indicated this patient's rotator cuff surgical repair was large or massive to qualify for a PRP injection trial per ODG. Furthermore, the physician states the treatment is for pain described as chronic in the 08/25/14 report. The ODG does not recommend PRP for chronic pain. Therefore the request is not medically necessary.