

Case Number:	CM14-0159884		
Date Assigned:	10/03/2014	Date of Injury:	05/02/2011
Decision Date:	12/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

This patient sustained an injury on 5/2/11 while employed by [REDACTED]. Request(s) under consideration include PRP Injection to the left shoulder. Diagnoses include low back pain; bilateral shoulder strain s/p Left arthroscopic SAD/Mumford/Labral-RTC debridement on 3/16/12 and s/p Right arthroscopic SAD/Mumford/ CA resection, bursectomy, synovectomy/ debridement on 2/14/14 with post-op PT. Report of 5/28/14 from the provider noted the patient continued with physical therapy for the right shoulder, but development left shoulder pain. Treatment included Kenalog steroid injection along with continued PT. Report of 8/27/14 noted patient was making progress, but recently involved in an altercation with a suspect; however, the left subscapular partial tear was not opined to be surgical and referral was made for PRP shoulder injection. The request(s) for PRP Injection to the left shoulder was non-certified on 9/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP Injection to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Platelet-rich plasma (PRP), page 932; Pain, Prolotherapy, page 824

Decision rationale: Per ODG, Platelet-rich plasma (PRP) injection is not recommended as recent higher quality studies showed no evidence of efficacy or recovery over that of placebo effect in patients undergoing surgical repair for rotator cuff tear without differences in pain relief or function. There were also no differences in residual effects on MRI. The evidence-based study noted PRP treatment for professional athletes to enhance performance showed no scientific evidence of improvement. Additionally, guidelines state prolotherapy also known as sclerotherapy, is not recommended as there are no published studies for use in the shoulder or in diagnosis involving rotator cuff. There are conflicting studies concerning the effectiveness of prolotherapy and lasting functional improvement has not been shown. Prolotherapy involves injecting proliferating agents/sclerosing solutions including agents such as zinc sulfate, psyllium seed oil, combinations of dextrose, glycerin and phenol, or dextrose alone directly into torn, stretched ligaments or tendons, and into a joint or adjacent structures to create scar tissue in an effort to stabilize a joint and strengthening lax ligaments. "Proliferatives" then act to promote tissue repair or growth by prompting release of growth factors, such as cytokines, or increasing the effectiveness of existing circulating growth factors. Prolotherapy has been investigated as a treatment of various etiologies of pain, including arthritis, degenerative disc disease, fibromyalgia, tendinitis, and plantar fasciitis; however, in all studies the effects of prolotherapy did not significantly exceed placebo effects. Additionally, the injections are invasive, may be painful to the patient, and are not generally accepted or widely used. Therefore, using prolotherapy for pain management is not recommended. Submitted reports have not adequately demonstrated indication, clinical findings, or extenuating circumstances to support for PRP-prolotherapy treatment beyond the guidelines recommendations or criteria. The PRP Injection to the left shoulder is not medically necessary and appropriate.