

Case Number:	CM14-0166511		
Date Assigned:	10/13/2014	Date of Injury:	05/02/2013
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 2, 2013. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for prolotherapy on the grounds that this topic was not covered in the MTUS. No guidelines were cited. The applicant's attorney subsequently appealed. In an August 13, 2014 progress note, the applicant reported multifocal complaints of headaches, neck pain, low back pain, bilateral hip pain, and left shoulder pain. The applicant was asked to continue Nucynta and Percocet. It was stated that the applicant was pending prolotherapy to the bilateral hips and left shoulder. The applicant's work status was not furnished. In a July 31, 2014 progress note, authorization was sought for multilevel cervical fusion surgery. Tramadol was sought. It was acknowledged that the applicant was not working and was receiving Workers' Compensation indemnity benefits and disability benefits. The applicant, it was further noted, had alleged pain secondary to cumulative trauma at work as opposed to a specific, discrete injury, it was acknowledged. In a September 10, 2014 progress note, the applicant again reported multifocal pain complaints, including about the neck, shoulder, low back, and bilateral hips. Nucynta was refilled. Authorization was sought for a prolotherapy injection to the left shoulder. The applicant was given a diagnosis of left shoulder pain with glenohumeral ligament laxity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherpay injection left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Platelet Rich Plasma topic

Decision rationale: The MTUS does not address the topic. As noted in ODG's Shoulder Chapter Platelet Rich Plasma topic, PRP injections are "understudy" as a solo treatment. In this case, the attending provider did not furnish much in the way of narrative rationale or narrative commentary which would augment the tepid ODG position on the article at issue. The bulk of the applicant's complaints seemingly pertain to the cervical spine, the body part for which the applicant was apparently in the process of pursuing cervical spine surgery. There is comparatively little to no mention made of issues associated with the left shoulder, the body part for which the prolotherapy injections were being sought. It was not clearly stated what treatment or treatments had transpired involving the injured shoulder. It was not clearly stated what the applicant's primary operating diagnosis involving the injured shoulder was. Therefore, the request is not medically necessary.