

Case Number:	CM14-0170826		
Date Assigned:	10/23/2014	Date of Injury:	05/12/2009
Decision Date:	12/02/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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:

57 year old male claimant with an industrial injury dated 05/12/09. The patient is status post a left shoulder arthroscopy, decompression and rotator cuff repair as of 04/19/13. MR arthrogram of the shoulder dated 05/14/14 reveals prior subacromial decompression with recurrent full thickness tearing to the supraspinatus tendon. Exam note 10/01/14 states the patient reports pain and cramping in the left biceps. Also the patient explains experiencing shooting shoulder pains. The pain is rated a 6/10 with medication and 8/10 without. Current medication includes Tramadol, Amitriptyline, Cymbalta, Omeprazole and Naproxen for pain relief. Upon physical exam there was no evidence of rashes or lesions. The patient had a neck range of motion noted as a forward flexion of 30', extension of 15', right rotation of 10', left rotation of 45'. The patient had a negative Spurling test for paresthasias of either hand. The Tinel's test was positive with tingling and the patient was unable to perform the Phalen's test due to shoulder restrictions. Diagnosis is noted as pain in the shoulder joint, adhesive capsulitis of the shoulder, rotator cuff strain, and sprain of an unspecified site of the shoulder and upper arm. Treatment includes a continuation of medication, and a left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out-patient left shoulder scope with RCR revision, graft, PRP; open biceps tendonesis (sub-pec): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, 18th Edition (2013 Updates), Shoulder Procedures

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder, Platelet Rich Plasma (PRP), Surgery for Rotator Cuff Repair.

Decision rationale: CA MTUS/ACOEM is silent on the issue of platelet rich plasma (PRP). According to ODG shoulder section, Platelet rich plasma (PRP), "Under study as a solo treatment. 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. In a blinded, prospective, randomized trial of PRP vs. placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function." As the guidelines do not specifically recommend shoulder PRP, is not medically necessary and appropriate. According to the CA MTUS/ACOEM Shoulder Chapter page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 10/1/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 10/1/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the out-patient left shoulder scope with RCR revision, graft, PRP; open biceps tendonesis (sub-pec) is not medically necessary and appropriate.