

Case Number:	CM14-0022014		
Date Assigned:	05/09/2014	Date of Injury:	10/25/2006
Decision Date:	07/25/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/21/2014

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 Tennessee. 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 58-year-old female who has submitted a claim for other affections of shoulder region, not elsewhere classified associated with an industrial injury date of October 25, 2006. Medical records from 2013 to 2014 were reviewed. The patient complains of right shoulder discomfort, soreness and tenderness. She has received physical therapy sessions which helped increase range of motion. Physical examination of the right shoulder showed tenderness over the biceps tendon; mild instability; limitation of motion; and positive impingement sign, Hawkins's and Neer's tests. The diagnoses include status post right shoulder LASAD, RCR, debridement, biceps tenotomy (4/21/10) and s/p right shoulder capsulorrhaphy, debridement (10/17/12). Treatment plan includes a request for PRP injection of the right shoulder. Treatment to date has included oral and topical analgesics, physical therapy, home exercises, posture brace, multiple right shoulder surgeries and cortisone injections. Utilization Review from January 27, 2014 did not grant the request for platelet rich plasma injection to the right shoulder because evidence-based guidelines do not consistently support the use of PRP for the management of the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection to the 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, Shoulder, PRP.

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 California MTUS does not specifically address platelet-rich plasma (PRP) for the shoulder. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. Official Disability Guidelines states that platelet-rich plasma (PRP) injections are under study. 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. Platelet-rich plasma did not help patients recover from arthroscopic rotator cuff surgery in this study. In this case, the patient has undergone multiple surgeries for the right shoulder and currently complains of pain. The guideline states that PRP injections are still under study and did not help patients recover from arthroscopic rotator cuff surgery. Moreover, there was no objective evidence of failure of conservative treatments to relieve right shoulder pain. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for platelet rich plasma injection to the right shoulder is not medically necessary.