

Case Number:	CM14-0023049		
Date Assigned:	05/14/2014	Date of Injury:	07/07/2010
Decision Date:	07/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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:

This is a 55-year-old female patient with a 7/7/10 date of injury. 2/21/14 progress report indicates persistent right shoulder pain and progressive right arm weakness. Physical exam demonstrates limited right shoulder range of motion. 1/31/14 progress report indicates moderate pain in the right shoulder was minor improvement. Physical exam demonstrates limited right shoulder forward flexion and abduction. Several progress reports from 2013 were reviewed, and indicates similar findings, in addition to persistent neck pain following a two-level disk replacement surgery. 12/30/12 right shoulder MRA demonstrates a partial thickness articular surface tear of the supraspinatus tendon with no evidence of any full thickness tear or rotator cuff retraction; previous rotator cuff surgery. The patient underwent three previous right rotator cuff repair surgeries, most recently on 6/5/13. Treatment to date has also included physical therapy, medication, and activity modification. There is documentation of a previous 2/5/14 adverse determination for lack of adequate guidelines evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA (PRP) INJECTION FOR THE RIGHT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, PRP Injections.

Decision rationale: CA MTUS does not address this issue. ODG states that PRP injections for the shoulder are not recommended; platelet-rich plasma did not help patients recover from arthroscopic rotator cuff surgery. 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. There were also no differences in residual defects on MRI. In this case, the patient underwent three previous rotator cuff surgeries with a complex postoperative course with residual pain and complaints. However, there is insufficient evidence-based research to result in guideline recommendations for PRP injections to the shoulder. It is unclear how treatment considered experimental would benefit this patient when there is no evidence that all lower levels of conservative care were exhausted. Therefore, the request for Platelet Rich Plasma (PRP) Injection for the Right Shoulder is not medically necessary.