

<b>Case Number:</b>	CM14-0032784		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/26/2006
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 49-year-old male who was reportedly injured on March 26, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 20, 2014, indicated that there were ongoing complaints of neck pain, right shoulder pain, left shoulder pain and low back pain radiating to the left lower extremity. The physical examination demonstrated decreased range of motion of the left shoulder. There was a positive Hawkins test, Neer's test and empty can test. Rotator cuff muscle strength was rated at 4/5. Examination of the lumbar spine noted decreased range of motion and paravertebral lumbar musculature spasms. There was a positive straight leg test although it is not stated on which side. Examination of the cervical spine also noted decreased range of motion there was a negative Spurling's test. A platelet rich plasma injection was recommended for the left shoulder in attempt to delay and possibly avoid surgical intervention. A request had been made for a platelet rich plasma injection for the left shoulder and was not certified in the pre-authorization process on February 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Platelet rich plasma injections between 2/7/2014 and 5/12/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Platelet rich plasma, updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines, platelet rich plasma injections (PRP) are not recommended except in the research setting. There was little published clinical evidence that proves its efficacy in treating the multitude of injuries/disorders that are thought to benefit from PRP. It was specifically stated that PRP injections for the shoulder or not recommended. This request for a platelet rich plasma injection to the left shoulder is not medically necessary.