

Case Number:	CM14-0038425		
Date Assigned:	06/27/2014	Date of Injury:	06/04/2007
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehab, 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 underlying date of injury in this case is 06/04/2007. The patient's diagnoses include right shoulder biceps tendinitis and right shoulder impingement. On 05/06/2014, the treating physician noted the patient had biceps tendon and rotator cuff injury; the treating physician recommended treatment with platelet-rich plasma. The treating physician discussed a small pilot study with regard to chronic elbow tendinosis treated with platelet-rich plasma. On 04/01/2014, the treating physician submitted an appeal regarding denial of treatment with platelet-rich plasma. This appeal again notes a small pilot study of 15 patients with chronic elbow tendinosis and notes that these patients reported an 81% improvement in their visual analog pain scores after 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injections to the right shoulder under ultrasound guidance Qty: 1.00: 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 (updated 01/20/14) Platelet-rich plasma (PRP). Ultrasound, therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Platelet-Rich Plasma.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines do not directly discuss platelet-rich plasma treatment. The Official Disability Guidelines/Treatment in Workers Compensation/Shoulder does discuss this treatment including a discussion of consensus guidelines from professional societies and the peer review literature. The guidelines state that the use of this treatment is premature at this time and not supported on a scientific basis. The medical records and guidelines and peer review literature do not support this request. The requested treatment is not medically necessary.