

<b>Case Number:</b>	CM14-0039403		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/14/2012
<b>Decision Date:</b>	08/09/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 61 year old male who sustained injury to his left shoulder on 04/14/12 due to cumulative trauma from repetitive use of a pressure washer machine. Treatment to date included medications, activity restrictions, work modifications, and the patient was authorized for a total of 68 visits of physical therapy for the life of the claim. The injured worker underwent arthroscopic repair of the left shoulder dated 06/22/12 followed by subsequent repeat left shoulder arthroscopy dated 03/14/13. The injured worker was permanent and stationary as of 01/22/14. Magnetic resonance image of the left shoulder dated 02/10/14 revealed no rotator cuff re-tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder PRP Injection:** 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.

**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 Official Disability Guidelines state that treatment with this modality is under study. It was recommended that platelet rich plasma augmentation can be used as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Platelet rich fibrin matrix applied to the site of rotator cuff tendon repair does not improve healing and in fact might impair it. There was a significantly higher failure rate in the Platelet Rich Fibrin Matrix group than in the control group for double row/trans-osseous equivalent repairs at 12 weeks. Given this, the request for left shoulder platelet rich plasma injection is not indicated as medically necessary.

**Physical Therapy, Left Shoulder Three Times A Week For Four Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 103.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** By now, the injured worker should have fully transitioned to a home exercise program. The California Medical treatment Utilization Schedule (CAMTUS) recommends up to 24 visits over 14 weeks for the diagnosed injury. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy for the left shoulder three times a week times four weeks is not indicated as medically necessary.