

<b>Case Number:</b>	CM14-0041456		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Orthopedic Surgery and is licensed to practice in 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 47-year-old male who reported an injury on 08/10/2012 due to an unknown mechanism of injury. The injured worker complained of constant pain in the right shoulder. On 04/21/2014, the physical examination revealed, healed arthroscopy scars on the frontal, back, and side views of the right shoulder. He had tenderness to palpation on the shoulder at all incision sites. His muscular appearance showed lack of symmetry, tone, and position of the deltoid, trapezius, triceps, biceps, and pectoralis with atrophy of the right side. On 02/25/2014, the MRI revealed a full-thickness tear of the distal fibers of the supraspinatus tendon with atrophy of the muscle belly. The injured worker had diagnoses of joint pain in the shoulder, shoulder impingement/bursitis, muscle weakness, and shoulder sprain/strain of the supraspinatus tendon. The injured worker has failed conservative treatment consisting of medications, rest, therapy, and injections. A list of medications for the injured worker was not submitted for review. The current treatment plan is for platelet-rich injection, post-op cold flow unit for the right shoulder, and post-op physical therapy for the right shoulder 3 times per week for 8 weeks for a total of 24 visits. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for shoulder - Ambulatory Care 18th Edition: Platelet-Rich Plasma.

**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 (PRP).

**Decision rationale:** The request for platelet-rich injection is non-certified. The injured worker has a history of right shoulder pain. The Official Disability Guidelines state that platelet-rich injection is still under study. Platelet-rich plasma (PRP) looks promising, but it may not be ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a blinded, prospective, randomized trial of PRP versus placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. The only thing that was significantly different was the time it took to do the repair; it was longer if you put PRP in the joint. Platelet-rich plasma does not help patients recover from arthroscopic rotator cuff surgery. The efficacy and safety of the platelet-rich injections have not yet been determined. Given the above, the request for platelet-rich injection is non-certified.

**Post-op cold flow unit for the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for shoulder: Continuous-flow cryotherapy.

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

**Decision rationale:** The request for post-op cold flow unit for the right shoulder is non-certified. The injured worker has a history of right shoulder pain. The Official Disability Guidelines state that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The cold flow unit is recommended after surgery; however, the request did not indicate the frequency and duration for the use of the unit. Given the above, the request for post-op cold flow unit for the right shoulder is non-certified.

**Post-op physical therapy (PT) for the right shoulder, 3 x per week for 8 weeks (for a total of 24 visits):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for shoulder: Physical therapy, Complete

rupture of rotator cuff - Postsurgical and Rotator cuff syndrome / Impingement syndrome - Postsurgical.

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

**Decision rationale:** The request for post-op physical therapy (PT) for the right shoulder 3 times per week for 8 weeks for a total of 24 visits is non-certified. The injured worker has a history of right shoulder pain. The California MTUS Guidelines state that postoperative physical therapy for rotator cuff syndrome/impingement syndrome: Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. However, the guidelines only recommend the total number of sessions for initial care. The request for physical therapy is not within the recommended guidelines for treatment. Therefore, the request for post-op physical therapy (PT) for the right shoulder 3 times per week for 8 weeks for a total of 24 visits is non-certified.