

Case Number:	CM14-0045596		
Date Assigned:	06/27/2014	Date of Injury:	01/17/2008
Decision Date:	08/22/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/02/2014

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 Texas and Oklahoma. 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 65-year-old male who reported an unknown injury on 01/01/2008. On 08/09/2013, he had a left total shoulder arthroplasty. On 10/10/2013, he presented with pain to the right shoulder. He stated that his shoulder "pops a lot". He had been engaged in physical therapy which he felt alleviated some of his symptoms. His medications included Soma, Ambien, Celebrex, and Hydrocodone/acetaminophen with no dosages noted and Percocet 5/325 mg. An x-ray of the right shoulder revealed osteoarthritis with osteophytes and bone spurring. Right shoulder range of motion measured in degrees was flexion 120, abduction 85, external rotation 30 and internal rotation only to the waist. Strength was decreased to 4+/5. Recommendation was for a right shoulder arthroplasty but the worker declined because at that time he was still recovering from his left shoulder arthroplasty 2 months earlier. On 01/08/2014, he was seen for the internal derangement of his right shoulder. Corticosteroid injections were recommended. It is unclear if the requested corticosteroid injections were approved or not but at that time the plan discussed with the worker was a PRP injection over the AC joint. No rationale or Request for Authorization were included in the submitted paperwork.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Platelet-Rich Plasma (PRP) Injection with Ultrasound guidance over AC Joing:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic).

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 1 platelet rich plasma (PRP) injection with ultrasound guidance over AC joint is not medically necessary. The Official Disability Guidelines note that platelet rich plasma injections are under study as a solo treatment. They may be recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. 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. There is no indication that this worker is contemplating or is scheduled for any kind of arthroscopic surgery or rotator cuff repair. Additionally, the request did not specify to which shoulder the injection was to have been given. Therefore, this request for 1 platelet rich plasma (PRP) injection with ultrasound guidance over AC joint is not medically necessary.