

<b>Case Number:</b>	CM14-0045909		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 and 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 records presented for review indicate that this 58-year-old female was reportedly injured on June 4, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note and appeal, dated April 1, 2014, indicates there are ongoing complaints of right sided neck pain. The physical examination demonstrated no significant atrophy of the right shoulder. Right shoulder range of motion was reduced with forward flexion to 130, abduction to 90, external rotation to 80, internal rotation to 60, and forward flexion to 130. There was a positive speed's test. Examination of the cervical spine noted tenderness over the paracervical muscles and trapezial muscles as well as the medial scapular borders. Spasms and guarding were noted and there was decreased cervical spine range of motion. Diagnostic imaging studies were not reviewed during this visit. A request was made for physical therapy and a platelet rich plasma injection for the right shoulder and was denied in the pre-authorization process on April 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week to the Right shoulder (QTY: 12.00): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy, Updated July 29, 2014.

**Decision rationale:** The Official Disability Guidelines recommends ten visits of physical therapy for rotator cuff syndrome/impingement syndrome of the shoulder. Additionally, according to the available medical record, the injured employee sustained a work-related injury in 2007 and it is almost certain that he has participated in physical therapy for the shoulder at some point before in the last seven years. Previous information regarding the volume and efficacy of prior physical therapy and other conservative treatment should be provided along with this request. Without this information, this request for twelve visits of physical therapy for the right shoulder is not medically necessary and appropriate.

**PRP (Platelet rich plasma) injections to the Right shoulder under ultrasound guidance:**  
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 01/20/2014 - Platelet Rich Plasma, 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, Updated July 29, 2014.

**Decision rationale:** In the appeal dated April 1, 2014, the requesting provider quotes a study that pertains to lateral epicondylitis of the elbow, not an intra-articular joint injection. The Official Disability Guidelines specifically states in the shoulder chapter that platelet rich plasma injections are under study as a solo treatment and are only currently recommended as an option in conjunction with arthroscopic repair for rotator cuff tears. Considering this, this request for a platelet rich plasma injection to the right shoulder under ultrasound guidance is not medically necessary and appropriate.