

Case Number:	CM14-0046502		
Date Assigned:	07/02/2014	Date of Injury:	12/21/2001
Decision Date:	08/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 patient is a 56-year-old female who sustained an injury to the left shoulder in work-related accident on 12/21/01. The report of a clinical assessment on 02/28/14 noted continued complaints of pain in the left shoulder for a diagnosis of tendon tear. Request at that time was for an autologous stem cell injection for the previous rotator cuff repair. Objective findings were not formally documented. There is no documentation of recent imaging or indication as to when claimant's surgical process occurred. There is also no documentation of prior PRP injections in the claimant's course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autologous stem cell injections to left shoulder for tendon repair .: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Shoulder;Table 2, Summary of Recommendations, Shoulder Disorders>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure Platelet-rich plasma (PRP).

Decision rationale: The California MTUS and ACOEM Guidelines don't address this request. Based on Official Disability Guidelines, the request for an autologous stem cell (PRP) injection for the claimant's shoulder would not be indicated. The Official Disability Guidelines recommend that the use of PRP injections is still under study with no documentation of long term benefit or efficacy in the chronic setting. The use of an isolated PRP injection in this individual's chronic shoulder complaints would not be supported as medically necessary. Therefore, Autologous Stem Cell Injections to Left Shoulder for Tendon Repair is not Medically necessary.