

Case Number:	CM14-0051938		
Date Assigned:	07/07/2014	Date of Injury:	03/09/2000
Decision Date:	08/06/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 and Georgia. 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 59-year-old male who reported an injury on 03/09/2000 due to an unknown mechanism. The injured worker complained of left shoulder pain and weakness and tenderness about the left shoulder. The physical examination dated 03/13/2014 noted tenderness about the lateral third of the acromion. The patient had palpation defect where the deltoid attaches to the bone. There was no submitted clinical documentation on the injured worker's diagnoses, medication, and/or past treatments, or rationale for the current request. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Platelet-Rich Plasma Injections for the Deltoid Insertion: 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 chapter, Platelet-rich plasma (PRP).

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.

Decision rationale: The request for a series of platelet rich plasma injections for the deltoid insertion is non-certified. The Official Disability Guidelines (ODG) state that platelet rich plasma is under study and looks promising but it may not be ready for prime time. There is no clinical documentation of the injured worker's diagnoses, past treatments, diagnostics, or imaging studies to support the request. In addition, the requested treatment is not supported at this time as it is still under study. As such, the request for a series of platelet rich plasma injections for the deltoid insertion is not medically necessary.