

<b>Case Number:</b>	CM14-0054890		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 07/17/2002. The mechanism of injury was not provided. On 05/25/2014 the injured worker was presented with right shoulder and low back pain, and bilateral sciatica. Upon examination of the cervical spine the range of motion values were 35 degrees of forward flexion, 25 degrees of extension, 40 degrees of rotation to the right, and 40 degrees of rotation to the left. There was pain with all ranges of motion and no upper extremity radiculopathy. Examination of lumbar spine noted tenderness and spasm with guarding to palpation over the para lumbar muscles and a positive bilateral straight leg raise. The diagnoses were lumbago, right leg sciatica, right shoulder pain, and right shoulder impingement. Therapy included aquatic therapy, and medication. The provider recommended 1 year self-directed Aquatic Therapy and a PRP injection, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Year Self Direct Aquatic Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The request for 1 year self-directed Aquatic Therapy is not medically necessary. The California MTUS recommend aquatic therapy as an optional form of exercise therapy. Aquatic therapy can minimize effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example: Extreme Obesity. The guidelines recommend 10 Aquatic Therapy visits for up to 4 weeks. There is lack of documentation that the injured worker is recommended reduced weight bearing exercises. The efficacy of the prior course of aquatic therapy was not provided. Additionally, the amount of aquatic therapy visits that have already been completed was not provided. The provider does not indicate the site at which the aquatic therapy visits were indicated for in the request as submitted. As such the request is not medically necessary.

**PRP Injection 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, 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) Pain, Platelet-Rich Plasma.

**Decision rationale:** The request for Platelet-Rich Plasma (PRP) injection under Ultrasound Guidance is not medically necessary. The Official Disability Guidelines (ODG) state that platelet rich plasma is not recommended except in a research study. Platelet-Rich Plasma Therapies are more complicated than previously acknowledged, and the understanding of the fundamental process and pivotal molecules involved will need to be elucidated. PRP therapies in clinical trials await assessment. PRP injections to the ankle are not recommended, with recent high quality evidence showing this treatment to be no better than a placebo. PRP injections for the elbow are still under study. As platelet rich plasma is not recommended in the guidelines, the injection will not be indicated. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. As such, the request is not medically necessary.