

Case Number:	CM14-0059809		
Date Assigned:	07/09/2014	Date of Injury:	10/08/2009
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational Medicine 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 47 year-old male with date of injury 10/08/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/13/2014, lists subjective complaints as lower back pain that radiates to the right lower extremity. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles with spasm. Deep tendon reflexes were normal and symmetrical and sensation was grossly intact. Examination of the left shoulder revealed decreased range of motion. The anterior shoulder was tender to palpation and there was a positive impingement sign. Diagnosis: 1. Cervical radiculopathy 2. Lumbar radiculopathy 3. Right shoulder impingement syndrome. MRI of the cervical spine on 01/05/2012 was positive for disc protrusion which nearly indents the cord at C2-3, an osteophyte at C4-5 and HNP at C5-6 with severe stenosis. C5 nerve root impingement and right shoulder impingement were also noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma (PRP) Injection for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3.

Decision rationale: For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). There are no peer-reviewed guidelines for treatment with protein-rich plasma injection, and early study results are conflicting. The request is not medically necessary and appropriate.