

<b>Case Number:</b>	CM14-0059906		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 28, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with adhesive capsulitis of the shoulder; unspecified amounts of physical therapy; dietary supplements; a TENS unit; a functional restoration program; prior shoulder surgery; and work restrictions. In a Utilization Review Report dated April 23, 2014, the claims administrator denied a request for platelet-rich plasma injection for the shoulder, citing non-MTUS ODG Guidelines. The applicant's case and care were complicated by comorbid depression, it is noted. On July 1, 2014, the applicant followed up with her psychologist and was described as having ongoing issues of depression. Further cognitive behavioral therapy was sought. The applicant was complaining of shoulder pain, it was suggested. In a progress note dated May 8, 2014, the applicant presented with persistent complaints of shoulder pain. The applicant was using Naprosyn and tramadol for pain relief. The treating provider stated that he was seeking a platelet rich plasma injection under ultrasound guidance for persistent complaints of shoulder pain and shoulder tendonitis following earlier shoulder surgery. The attending provider stated that the applicant had persistent tendonitis following earlier shoulder surgery. Work restrictions were endorsed. It did not appear that the applicant was working, however, with limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder platelet rich plasma injection under ultrasound injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Section: Shoulder (Acute & Chronic) (updated 3/31/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Platelet-rich Plasma topic and Other Medical Treatment Guideline or Medical Evidence: Glob Adv Health Med. 2013 Mar;2(2):26-31. doi: 10.7453/gahmj.2012.054.Effectiveness of Platelet-rich Plasma Injection for Rotator Cuff Tendinopathy: A Prospective Open-label Study. Scarpone M1, Rabago D2, Snell E1, Demeo P3, Ruppert K4, Pritchard P5, Arbogast G5, Wilson JJ6, Balzano JF7.

**Decision rationale:** The MTUS does not address the topic. However, the prospective open-label study appearing in Global Advances in Health Medicine in March 2013, does suggest that a single ultrasound-guided platelet-rich plasma injection resulted in significant improvements in pain and function in individuals with refractory rotator cuff tendinitis at the one-year mark of the injection. As noted in the ODG Shoulder Chapter, cited by the claims administrator, platelet-rich plasma injections are considered "under study" as a treatment. In this case, however, the applicant's rotator cuff tendinopathy has proven recalcitrant to time, medications, physical therapy, and earlier failed shoulder decompression surgery. A trial platelet-rich plasma injection is therefore indicated. Accordingly, the request is medically necessary.