

Case Number:	CM14-0064411		
Date Assigned:	07/11/2014	Date of Injury:	03/20/2007
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 52 year old female who was injured on 03/20/07. The mechanism of injury noted to involve lifting boxes. The injured worker has undergone multiple surgeries of the left shoulder to include; arthroscopic major synovectomy, debridement with subacromial decompression, and distal clavical resection on 07/02/12 followed by an arthroscopic debridement, thermal capsulorrhaphy, and subacromial decompression on 10/03/13. The injured worker recently complains of continued left shoulder pain. The injured worker is diagnosed with internal derangement of the left shoulder. Treatment since the most recent surgery dated 10/03/13 has included post-operative physical therapy, Depo-Medrol injections and a home exercise program. Physical examination of the left shoulder performed 04/05/14 decreased isolated supraspinatus and external rotation strength. There were no other deficits or abnormalities noted; there were no ROM deficits, muscle strength deficits regarding the AC and SC joints, subluxation and laxity and no positive findings upon special testing. Clinical note dated 04/16/14 indicated the injured worker demonstrated decreased ROM about the left shoulder with "clicking" and suggested a Plasma Rich Protein Injection be performed to address the injured worker's left shoulder pain. There are no objective measurable findings of decreased ROM or other deficits included in this note. A request for the PRP injection is submitted and subsequently denied on 04/25/14. Clinical note dated 06/25/14 notes the injured work status is "Regular Duty." This note indicates the injured worker has continued left shoulder pain and suggests she be referred to a pain management group.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plasma Rich Protein Injection of the left shoulder: 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.

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, section on Platelet-rich plasma (PRP).

Decision rationale: The request for a Plasma Rich Protein (PRP) Injection of the left shoulder is not recommended as medically necessary. MTUS and ACOEM do not address. ODG does not support the use of PRP injections as a solo treatment. Recommendation is supported for PRP augmentation in conjunction with arthroscopic repair for large to massive rotator cuff tears. This guideline notes, science is lacking to establish efficacy of PRP to enhance performance. Records do not indicate an additional left shoulder surgery is anticipated. Records suggest the requested PRP injection is to address the injured worker's complaint of left shoulder pain. As this is not a utilization of a PRP injection supported by current evidence based guidelines, medical necessity for the Plasma Rich Protein injection of the left shoulder is not medically necessary.