

Case Number:	CM14-0072435		
Date Assigned:	07/16/2014	Date of Injury:	06/11/2013
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/19/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on June 11, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated July 10, 2014, indicates that there are ongoing complaints of increasing right shoulder pain. The injured employee stated they felt that they were able to return to full duty. The physical examination demonstrated tenderness of the biceps tendon and full shoulder muscle strength. There was slight pain with resisted internal rotation and with a belly press maneuver. The decreased range of motion was slightly reduced. The diagnostic imaging studies were not reviewed during this visit. The previous treatment includes right shoulder surgery and oral medications. A request was made for a right shoulder Platelet-Rich Plasma (PRP) injection and was found not medically necessary in the pre-authorization process on April 23, 2014.

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 right supraspinatus: 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 (Acute & Chronic), 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), Shoulder, Platelet Rich Plasma Injection, Updated July 29, 2014.

Decision rationale: According to the Official Disability Guidelines, a platelet rich plasma injection is under study as a treatment. There is a recommendation for its usage in conjunction with arthroscopic repair for large to massive rotator cuff tears. According to the attached medical record the injured employee did not have a rotator cuff repair in conjunction with right shoulder surgery. Considering this, this request for a platelet rich plasma injection of the right supraspinatus is not medically necessary.