

Case Number:	CM14-0073471		
Date Assigned:	07/16/2014	Date of Injury:	12/03/2010
Decision Date:	10/01/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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.

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 56-year-old female who reported an injury on 12/03/2010. The mechanism of injury was not submitted in documentation. The injured worker has diagnoses of spine/thoracic degenerative disc disease, shoulder pain, hip pain, pain in joint lower leg, extremity pain, and mood disorder. The injured worker has had past medical treatment to include acupuncture, chiropractic therapy, trigger point steroid injections on 10/22/2012, right shoulder injections on 11/15/2012, functional restoration program, and medication therapy. An EMG obtained on 03/13/2014 confirmed that the C7 nerve root had been injured. The injured worker complained of neck pain and mid pack pain. There was no measurable pain level documented and the submitted report. Physical examination dated 05/20/2014 revealed that the injured worker's cervical spine had no lordosis, asymmetry, or abnormal curvature. No spinal process tenderness was noted, but there was tenderness noted at the C7, C8, T1 dermatomes on the right. Spurling's maneuver caused pain in the muscles of the neck that radiated to the injured worker's upper extremity. Examination of the spine revealed no abnormal curvature. The injured worker showed no limitation on range of motion. Examination of the paravertebral muscles, spasm, tenderness, and tight muscle band was noted on the right. The injured worker revealed no spinal process tenderness. There was tenderness noted at the 6th, 7th, 8th, and 9th osteochondral joints. There were trigger points with radiating pain and twitch response on palpation at the cervical paraspinal muscles and trapezius muscles bilaterally. Examination of the right shoulder revealed that the injured worker had no swelling, deformity, joint asymmetry, or atrophy. Movements were restricted with flexion limited to 150 degrees, extension limited to 45 degrees, abduction limited to 150 degrees, adduction limited to 30 degrees, with internal rotation and thumb extended reaching T7 all with pain. Hawkins, Shoulder crossover and Neer's tests were positive. Empty can and drop arm tests were negative. The injured worker showed

tenderness to palpation over the acromioclavicular joint and rhomboid, upper trapezius, and supraspinatus. Inspection of the left shoulder revealed that there was no swelling, deformity, joint asymmetry, or atrophy. Movements were restricted with flexion limited to 175 degrees, extension limited to 45 degrees, abduction limited to 170 degrees, and internal rotation and thumb extended reaching T9 all with pain. Hawkins and Neer's tests were positive. Shoulder crossover, Empty can and Drop arm test were all negative. Sensory examination revealed that the injured worker's sensation to pinprick was decreased over the C5, C6, and C7 upper extremity dermatomes on the right. Examination of the injured worker's deep tendon reflexes, biceps reflex were 1/4 on both sides, brachioradialis reflex were 1/4 on both sides, and triceps reflex were 1/4 on both sides. The injured worker's medications include Opana IR 5 mg 1/2 tablet 1 to 2 times a day, Toradol 10 mg, Fioricet 50/325/40 mg, ketotifen eye drops for dry eyes, prednisone 20 mg, Compazine 5 mg, Voltaren gel for the lower legs, Excedrin for headaches, and vitamins. The treatment plan was for trigger point injections of the cervical paravertebral and left trapezius muscles. The provider was also recommending injections to the bilateral shoulders and thoracic spine of platelet-rich plasma. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] for platelet rich plasma injection to bilateral shoulders and thoracic spine: 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 procedure summary, platelet rich plasma

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Shoulder, Platelet-rich plasma (PRP).

Decision rationale: The request for Referral to [REDACTED] for platelet rich plasma injection to bilateral shoulders and thoracic spine is non-certified. The injured worker complained of neck pain and mid pack pain. There were no measurable pain levels documented in the submitted report. According to ODG guidelines platelet rich plasma injections are under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. PRP looks promising, but it may not be ready for prime time as a solo treatment. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a blinded, prospective, randomized trial of PRP vs placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. Given the above, the injured worker is not within the Official Disability Guidelines requirements. Platelet-rich plasma injections are not recommended as a solo treatment, there was no indication in the submitted report that the injured worker was undergoing any type of shoulder surgery. The submitted request did not specify what part of the thoracic spine would be getting the platelet-rich plasma injection. Furthermore, the efficacy of platelet-rich plasma is still questionable. There is no science behind the injections. As such, the request is non-certified.

