

<b>Case Number:</b>	CM14-0074608		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Orthopedic Surgery 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 claimant is a 52-year-old male with reported industrial injury to right shoulder on 1/13/11. The handwritten note from 4/3/14 demonstrates claimant is unable to sleep on his right shoulder and has constant pain. Report is made claimant is unable to lift his right arm. Objective findings are noted to include tenderness to right shoulder with limited range of motion and weakness to right shoulder with motor strength of 4/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP (platelet-rich plasma) injection to the right 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 Chapter.

**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 (PRP).

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of platelet rich plasma (PRP). According to Official Disability Guidelines (ODG), shoulder section, Platelet rich plasma (PRP) is under study as a solo treatment. 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. As the guidelines do not specifically recommend shoulder PRP, the determination is not medically necessary.