

<b>Case Number:</b>	CM14-0181055		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 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:

This is a patient with a date of injury of October 5, 2013. A utilization review determination dated October 3, 2014 recommends non-certification of a PRP injection for the left hip. A progress report dated September 24, 2014 identifies subjective complaints of pain in the lateral aspect of the hip. He had a steroid injection which only gave temporary relief. Physical examination reveals full range of motion in the lumbar spine, full range of motion in bilateral hips, and normal sensation. The patient has tenderness over the lateral aspect of the greater trochanter. Diagnosis is left gluteal minimus tendinitis. The treatment plan recommends PRP injection into the gluteal medius tendon. A progress report dated February 17, 2014 recommends a trial of topical anti-inflammatories and continuing physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Plasma injection into the Gluteal Medius tendon:** 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): Hip

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Platelet-Rich Plasma (PRP)

**Decision rationale:** Regarding the request for PRP injection for the Gluteal Medius tendon, California MTUS does not address this issue. ODG states that this treatment is currently under study. The requesting physician has not included any peer-reviewed scientific literature supporting the use of this injection in the treatment of this patient's diagnosis. As such, the currently requested platelet rich plasma injection for the Gluteal Medius tendon is not medically necessary.