

Case Number:	CM14-0201789		
Date Assigned:	12/12/2014	Date of Injury:	04/06/2012
Decision Date:	03/10/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained a work related injury on April 6, 2012, sustaining cumulative trauma type injuries due to repetitive physical stress and strain as a housekeeper, injuring the neck, shoulders, upper back, both elbows, both hands, both knees, and both feet. The injured worker's conservative treatments were noted to have included acupuncture, shockwave therapy, physical therapy, and oral and topical medications. The Primary Treating Physician's visit dated October 8, 2014, noted the injured worker with complaints of burning radicular neck pain and muscle spasms, burning bilateral shoulder pain radiating down the arms to the fingers, associated with muscle spasms, burning bilateral elbow pain and muscle spasms, burning bilateral wrist pain and muscle spasms, burning radicular mid back pain and muscle spasms, burning bilateral knee pain and muscle spasms, burning bilateral feet pain and muscle spasms, stomach problems, headaches, anxiety, and depression. The injured worker reported that the medications did offer temporary relief of pain and improved her ability to have restful sleep. Physical examination was noted to show tenderness to palpation at the occiputs, trapezius, levator scapula, splenius, scapula, and sternocleidomastoid muscles. Bilateral shoulder examination was noted to show tenderness to palpation at the trapezius, supraspinatus, levator scapula and the rhomboid muscles, and at the subacromial space. Tenderness to palpation was also noted at the bilateral elbow epicondyles, bilateral wrists, and the thoracic spine at the proximal and distal rhomboids and the midline thoracic spine. The diagnoses included cervical spine HNP, cervical spine multilevel degenerative disc disease, cervical spine radiculopathy, bilateral shoulder impingement syndrome, bilateral shoulder rotator cuff tear, bilateral shoulder tenosynovitis, and

bilateral shoulder AC joint osteoarthropathy. The Physician requested authorization for platelet-rich plasma (PRP) injection of the right and left shoulders. On November 7, 2014, Utilization Review evaluated the request for platelet-rich plasma (PRP) injection of the right and left shoulders, citing the Official Disability Guidelines, Shoulder, updated October 31, 2014. The UR Physician noted that there were no scientific studies showing benefit as a solo stand-alone treatment, therefore the request for platelet-rich plasma (PRP) injection of the right and left shoulders was not medically necessary or appropriate, and based on the clinical information submitted for review, and the evidence based, peer-reviewed guidelines the request was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP Injection for 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter on platelet-rich plasma

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral elbow, bilateral wrist, mid back, bilateral knee, and bilateral foot pain. The treater is requesting PRP INJECTION FOR THE LEFT SHOULDER. The patient's current work status is TTD. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the shoulder chapter on platelet-rich plasma states, "Under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. PRP looks promising, but it may not be ready for primetime as a solo treatment." The 09/10/2014 report notes that a request was made for a PRP treatment for the right and left shoulder - 3 sets of injections. The MRI of the left shoulder from 04/13/2014 shows: 1. Supraspinatus intermediate- to high-grade partial tendon tear. No full- thickness tear is observed. 2. Infrapinatus tendinosis versus interstitial partial tear. 3. Subscapularis tendon versus articular surface partial tear. 4. Trace glenohumeral joint effusion. 5. Subacromial, subdeltoid, subcoracoid bursitis. 6. Biceps tenosynovitis. There is no indication that the patient has received PRP treatment in the past. Given the lack of support for platelet-rich treatment from the ODG Guidelines, the request IS NOT medically necessary.

PRP injection for 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter on platelet-rich plasma

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral elbow, bilateral wrist, mid back, bilateral knee, and bilateral foot pain. The treater is requesting PRP injection for the right shoulder. The patient's current work status is TTD. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the shoulder chapter on platelet-rich plasma states, "Under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. PRP looks promising, but it may not be ready for primetime as a solo treatment."The 09/10/2014 report shows that a request was made for 3 sets of PRP injections to the bilateral shoulders. There is no indication that the patient has received PRP treatment in the past. In this case, given the lack of support for platelet-rich treatment from the ODG Guidelines, the request IS NOT medically necessary.