

<b>Case Number:</b>	CM14-0204115		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] janitor who has a filed a claim for chronic shoulder pain and elbow pain reportedly associated with an industrial injury of September 17, 2012. In a Utilization Review Report dated November 6, 2014, the claims administrator failed to approve platelet rich plasma injection. The claims administrator seemingly based its decision, in part, on causation grounds, stating that it "did not appear that shoulders were accepted" as part of applicant's claim. The applicant's attorney subsequently appealed. In a May 6, 2014 progress note, the applicant reported issues with bilateral shoulder pain. It was stated that the applicant was working regular duty despite ongoing complaints of 9/10 shoulder pain. The applicant's medications include Indocin, colchicine, tramadol, Januvia, Neurontin, Allegra, aspirin, metformin, glipizide, Prevacid, Pravachol, and Zestoretic. Bilateral shoulder MRI imaging and electrodiagnostic testing of bilateral lower extremities were both sought. The applicant was given diagnosis right full thickness rotator cuff tear on this occasion. In an RFA form dated October 30, 2014, a platelet rich plasma injection was sought. In an associated progress note of October 20, 2014, the applicant reported 8/10 right shoulder pain. The applicant was still using Indocin, colchicine, tramadol, Januvia, Neurontin, Allegra, aspirin, metformin, glipizide, Prilosec, Pravachol, and Zestoretic. A platelet rich plasma injection was sought. The applicant was still working without restrictions on this occasion, it was noted. The stated diagnosis include the right shoulder arthrosis, right shoulder sprain, left shoulder SLAP 2 lesion, cervical strain, lumbosacral sprain, right lower extremity sprain, suspected lumbar radiculopathy, and said induced gastritis, non-insulin dependent diabetes, hypertension, and gout. In a procedure note dated October 13, 2014, the applicant received shoulder corticosteroid injection and was, once again, asked to return to regular duty work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma injection, right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Platelet Rich Plasma

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Platelet Rich Plasma Injection topic.

**Decision rationale:** The MTUS does not address the topic. While ODG's Shoulder Chapter platelet rich plasma injections topic does acknowledge that platelet rich plasma injections are "under study" as a solo treatment, in this case, it appears that the applicant has exhausted variety of other non-operative options, including time, medications, physical therapy, corticosteroid injection therapy, etc. The applicant is apparently not a good candidate for further shoulder corticosteroid injection therapy owing to his comorbid diabetes and is apparently hesitant to pursue shoulder surgery. Moving forward with a trial platelet rich plasma injection, thus, may be an option, despite that tepid ODG position on the same. Therefore, the request is medically necessary.