

Case Number:	CM14-0208527		
Date Assigned:	12/19/2014	Date of Injury:	04/06/2012
Decision Date:	03/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/11/2014

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, Arizona

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 (IW) is 54 years old female who reported injury on 04/06/2011 due to, continuous work duties of cleaning hotel rooms, resulted in injury to the neck, bilateral shoulders, bilateral elbows, bilateral hands, back and bilateral knees and feet. The injured worker diagnoses consist of high cholesterol, displacement of cervical intervertebral disc without myelopathy, cervical and thoracic spine radiculopathy, cervical and thoracic spine multilevel degenerative disc disease, bilateral shoulder impingement, bilateral shoulder rotator cuff tears, tenosynovitis, AC joint osteoarthropathy, left elbow sprain/strain, right elbow common extensor tendon tear and lateral epicondylitis, bilateral wrist carpal tunnel syndrome, bilateral wrist subchondral cyst, bilateral knee sprain/strain and medical meniscal tears, right knee chondromalacia patella, right knee arthritis, anxiety disorder, mood disorder, sleep disorder, headaches and abdominal discomfort. Past medical treatments included treatment modalities, physical therapy, electrophysiology, chiropractic care, radiographic imaging, shockwave therapy, heat/cold packs, diagnostic studies and medications. Medications consist of Deprizine, Fanatrex, Tabradol, Synapryn, Dicopanor and Tramadol. Diagnostic studies and radiographic imaging including MRI of the affected areas were performed in April, 2014 revealing the above noted diagnoses. On April 21, 2014, evaluation revealed burning radicular neck pain and ongoing muscle spasms. She described her pain as constant and moderate to severe aggravated by head motion and associated with tingling and numbness of the bilateral upper extremities. Burning pain was also noted in the shoulders, elbows, wrists, mid-upper back, knees and feet. She also complained of associated nervousness, headaches, sleep disturbances and stomach problems. The

treatment plan included shockwave therapy for the cervical spine, physiotherapy of the cervical spine and shoulders, chiropractic care for the cervical spine and shoulders, a pain management consultation for possible steroid injections of the cervical and thoracic spine, an orthopedic consultation for possible right and left shoulder repair and pain patches. Work status is temporarily totally disabled (TTD) from April 21, 2014 through May 19, 2014. On May 19, 2014, evaluation revealed persistent symptoms with temporary relief with medications. The treatment plan remained unchanged. On May 22, 2014 a letter of necessity was issued for the addition of Dicopanол as a sleep and pain relief aide. On June 16, 2014, evaluation revealed persistent symptoms as previously described with some relief with the use of pain medications and restricted activity. The treatment plan remained unchanged. Work status remained unchanged. On July 14, 2014, evaluation revealed no significant improvements. Adjustments were made to pain medications. The recommendation for periodic urinary drug screens was made. On August 11, 2014, evaluation revealed no significant improvement of symptoms. The treatment plan was unchanged. On September 10, 2014, evaluation revealed no changes. The recommendation was for the IW to undergo shock wave therapy for the cervical and thoracic spine and epidural injections of the back. A magnetic resonance image (MRI) was requested by the IW at this time including the shoulders, elbows, wrists, knees, cervical spine and thoracic spine. The documentation noted the IW underwent shockwave therapy treatments with some improvement. Work status is temporary totally disabled (TTD) at this time. On 10/08/2014, the injured worker complained of burning, radicular neck pain and spasm. The pain was described as constant, moderate to severe. The injured worker rated the pain at 8/10. The pain was aggravated by looking up, looking down and side to side as well as repetitive motion of the head and neck. The injured worker also complained of burning bilateral shoulder pain radiating down to the arms into the fingers, associated with muscle spasm. The injured worker rated the pain at 8/10. The physical examination of the shoulders revealed tenderness to palpation at the trapezius, supraspinatus, the levator scapula, and rhomboid muscles. Range of motion of the shoulders revealed a left flexion of 130 degrees, abduction of 125 degrees, internal rotation of 55 degrees and external rotation of 65 degrees. The right had a flexion of 120 degrees, abduction of 130 degrees, internal rotation of 60 degrees and external rotation of 50 degrees. Neer's impingement, Kennedy Hawkins, and Speed's test were positive. The treatment plan is for the injured worker to undergo PRP injections to the shoulders bilaterally. The rationale and RFA 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:

PRP Injections of 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 Shoulder (updated 10/31/2014), Platelet - Rich Plasma (PRP)

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: The request for PRP injection to the left shoulder is not medically necessary. The Official Disability Guidelines state that platelet rich plasma is under study as a solo treatment. PRP augmentation is recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Pain injections generally: Consistent with the intent of relieving pain, improving function, decreasing medications and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section of ODG, should at a very minimum relieve pain to the extent of 50% of sustained period, and clearly result in documented reduction in pain medications, improved function and/or return to work. It was indicated in the submitted documentation that the injured worker had pain to the left shoulder. The injured worker rated the pain at 8/10. The injured worker described the pain as constant, moderate to severe. Physical examination of the shoulders bilaterally revealed tenderness to palpation at the trapezius, supraspinatus, levator scapulae and the rhomboid muscles. Range of motion the left revealed a flexion of 130 degrees, abduction of 125 degrees, internal rotation 55 degrees and external rotation of 65 degrees. Examination of the right revealed a flexion of 120 degrees, abduction of 130 degrees, internal rotation of 60 degrees and external rotation of 60 degrees. Neer's impingement, Kennedy's, Hawkins and Speed's tests were positive bilaterally. However, there was no indication of the injured worker undergoing conservative treatment in conjunction with the platelet rich plasma injections. The guidelines state that PRP injections as a solo treatment are under study. Given the above, the request would not be indicated. As such, 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 Shoulder (updated 10/31/2014), Platelet - Rich Plasma (PRP)

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: The request for PRP injection to the right shoulder is not medically necessary. The Official Disability Guidelines state that platelet rich plasma is under study as a solo treatment. PRP augmentation is recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Pain injections generally: Consistent with the intent of relieving pain, improving function, decreasing medications and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section of ODG, should at a very minimum relieve pain to the extent of 50% of sustained period, and clearly result in documented reduction in pain medications, improved function and/or return to work. It was indicated in the submitted documentation that the injured worker had pain to the left shoulder. The injured worker rated the pain at 8/10. The injured worker described the pain as constant, moderate to severe. Physical examination of the shoulders bilaterally revealed tenderness to palpation at the trapezius, supraspinatus, levator scapulae and the rhomboid muscles. Range of motion the left revealed a flexion of 130 degrees, abduction of 125 degrees, internal rotation 55 degrees and external rotation of 65 degrees. Examination of the right revealed a flexion of 120 degrees, abduction of 130 degrees, internal rotation of 60 degrees and external rotation of 60

degrees. Neer's impingement, Kennedy's, Hawkins and Speed's tests were positive bilaterally. However, there was no indication of the injured worker undergoing conservative treatment in conjunction with the platelet rich plasma injections. The guidelines state that PRP injections as a solo treatment are under study. Given the above, the request would not be indicated. As such, the request is not medically necessary.