

Case Number:	CM14-0091958		
Date Assigned:	07/25/2014	Date of Injury:	12/28/2011
Decision Date:	04/02/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

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 is a 36-year-old male who reported an injury on 12/28/2011. The mechanism of injury involved heavy lifting. The current diagnoses include industrial injury to the left shoulder; status post left shoulder arthroscopy on 06/29/2012, and cervical spine disc bulge. The injured worker presented on 06/30/2014 for a follow up evaluation. The injured worker reported persistent pain involving the pectoralis major muscle. Upon examination of the left shoulder, there was tenderness at the attachment of the left pectoralis muscle with full range of motion. Recommendations at that time included continuation of conservative modalities including icing, anti-inflammatory medication, and self directed stretching exercises. Recommendations also included authorization for a platelet rich plasma injection. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection at the left pectoral region under ultrasound guidance:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

Decision rationale: The Official Disability Guidelines recommend platelet rich plasma as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Platelet rich plasma injections are currently under study as a solo treatment. In this case, there was no indication that this injured worker would undergo arthroscopic repair for a large to massive rotator cuff tear. Therefore, the injured worker does not appear to meet criteria for the requested procedure. As such, the request is not medically appropriate.