

Case Number:	CM15-0104083		
Date Assigned:	06/08/2015	Date of Injury:	02/03/2014
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 3, 2014. In a Utilization Review report dated May 8, 2015, the claims administrator denied a request for a platelet-rich plasma injection for the shoulder. A RFA form dated April 30, 2015 and associated progress note of April 23, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In said April 23, 2015 progress note, the applicant reported ongoing complaints of severe shoulder pain, highly variable, 0-9/10. The applicant reported difficulty-performing activities of daily living including reaching behind her back. A cortisone injection had failed, it was reported, as had physical therapy. The applicant did have comorbidities including hypothyroidism, it was incidentally noted. MRI imaging of the shoulder apparently demonstrated moderate-to-severe arthritic changes as well as moderate rotator cuff tendinopathy superimposed on partial tear. Platelet-rich plasma injection therapy was sought, reportedly as a series of three injections.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 05/04/15) Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders, Platelet-rich plasma (PRP) and Other Medical Treatment Guidelines DeLee & Drez's Orthopaedic Sports Medicine: Expert Consult - Online By Mark D. Miller, Stephen R. Thompson, Chapter 56, page 643.

Decision rationale: Yes, the request for a platelet-rich plasma injection for the shoulder was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of platelet-rich plasma injections for shoulder arthritis, i.e., the operating diagnosis here. While ODG's Shoulder Chapter Platelet-Rich Plasma Injections topic notes that platelet-rich plasma injection is "under study" as a solo treatment for applicant's with rotator cuff pathology, ODG does not specifically address the topic of platelet-rich plasma injection therapy for applicant's with shoulder arthritis, i.e., the operating diagnosis here. The textbook DeLee & Drez's Orthopaedic Sports Medicine: Expert consult notes in Chapter 56, entitled "Glenohumeral Arthritis in the Athlete, page 643 notes that "the use of platelet-rich plasma is gaining in notoriety and popularity as several recent studies have begun to demonstrate the potential efficacy with regard to treatment of joint arthrosis. To our knowledge, the use of platelet-rich plasma has not yet been studied in the shoulder, although it may develop into a viable treatment option with further examination." Here, the treating provider wrote on the April 23, 2015 progress note at issue that the applicant had failed conventional treatments, including time, medications, observation, corticosteroid injection therapy, and physical therapy. The applicant was reportedly unwilling to pursue a total shoulder arthroplasty, it was suggested on the date of the request, April 23, 2015. Moving forward with the trial platelet-rich plasma injection at issue, thus, was indicated, despite the tepid guideline positions on the same. Therefore, the request was medically necessary.