

Case Number:	CM15-0107974		
Date Assigned:	06/12/2015	Date of Injury:	02/07/2007
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 2/7/07. The injured worker has complaints of right shoulder pain. The documentation noted that the injured worker continued to have soreness and minimal tenderness, crepitus, strength was 4/5 and range of motion was 150/150/61. The diagnoses have included chondromalacia of right shoulder. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) of the right knee on 5/21/12 and right shoulder arthroscopy on 2/11/15. The request was for platelet rich plasma injection times one for the right shoulder. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Online Version) 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.

Decision rationale: According to the ODG, "Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. (Jo, 2013) PRP looks promising, but it may not be ready for prime time as a solo treatment." According to the medical record, this worker does not have a rotator cuff tear. He has been diagnosed with osteoarthritis and tendinitis. He had arthroscopy of the right shoulder on 2/11/15, which showed chondromalacia and bursitis but the rotator cuff was intact. This worker does not have a condition for which platelet rich plasma is medically necessary. Therefore, this request is not medically necessary.