

Case Number:	CM15-0108086		
Date Assigned:	07/21/2015	Date of Injury:	09/20/2012
Decision Date:	08/21/2015	UR Denial Date:	05/07/2015
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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Per initial orthopedic evaluation of April 27, 2015, the injured worker is a 65-year-old right-hand-dominant female housekeeper who sustained an industrial injury to the right shoulder on September 20, 2012. She was initially treated conservatively and then underwent an MRI scan and shoulder surgery on 1/24/2013. She then underwent a second surgery in September 2014 consisting of a biceps tenotomy. She attended postoperative physical therapy with minimal benefit. At the time of that examination she was complaining of 6-7/10 pain in the right shoulder. The operative report of 1/4/2013 indicated a postoperative diagnosis of impingement syndrome and rotator cuff tear. The procedure included arthroscopy with debridement, subacromial decompression and rotator cuff repair. The operative report of 9/19/2014 documented biceps tendinosis for which biceps tenotomy was performed. The disputed request pertains to an injection of platelet rich plasma for management of recalcitrant bicipital tendinitis status post arthroscopic tenotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biceps platelet rich plasma (PRP) injection to 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 Guidelines, Shoulder Chapter, Platelet-rich plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Platelet rich plasma.

Decision rationale: ODG guidelines indicate platelet rich plasma is under study as a solo treatment. It is recommended as an option in conjunction with arthroscopic repair of large to massive rotator cuff tears. In one study Platelet rich plasma did not help patients recover from arthroscopic rotator cuff surgery. Another study published in the British Journal of Sports Medicine in June 2013 in wheelchair population with spinal cord injuries with biceps tendon pathology found a significant effect in the treatment of biceps tendinopathy. However, ODG guidelines only recommend platelet rich plasma as an option in conjunction with arthroscopic repair of large to massive rotator cuff tears. As such, the request for platelet rich plasma is not medically necessary and has not been substantiated.