

Case Number:	CM15-0130311		
Date Assigned:	07/16/2015	Date of Injury:	11/08/2011
Decision Date:	08/17/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 11/08/2011. The records documented acute pain and "snapping" in the right shoulder from lifting activity and a fall off a ladder approximated 15 feet with injury to the right shoulder, elbows, neck, back and legs. Diagnoses include right shoulder impingement syndrome, biceps tendinitis, pain and tenderness to the right shoulder; status post right shoulder arthroscopy. Treatments to date include medication therapy, physical therapy, and shockwave therapy. Currently, he had multiple complaints of pain. The right shoulder was report to have burning type pain radiating down the right arm to the fingers associated with muscle spasms. On 4/26/15, the physical examination documented tenderness to the right shoulder with positive Neer's sign and positive supraspinatus tests bilaterally. The plan of care included three Protein Rich Plasma (PRP) treatments of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 PRP Treatments 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 Guidelines, Shoulder (Acute & Chronic), 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 (Acute & Chronic), Platelet-rich plasma (PRP).

Decision rationale: The claimant sustained a work injury in November 2011 and continues to be treated for right shoulder pain. He underwent arthroscopic right shoulder surgery. When seen, he was having shoulder pain radiating into the upper extremity. There was right shoulder tenderness with positive impingement testing. There was decreased cervical spine range of motion with positive compression testing and decreased upper extremity strength and sensation. Prior treatments have included medications, physical therapy, and shockwave therapy. Platelet-rich plasma (PRP) injection is under study as a solo treatment. It can be recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. In this case, the claimant has findings consistent with cervical radiculopathy and has not undergone recent surgery. The requested series of injections is not medically necessary.