

Case Number:	CM15-0132073		
Date Assigned:	07/20/2015	Date of Injury:	02/02/2015
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 50 year old male, who sustained an industrial injury on 2/2/2015. The mechanism of injury is unknown. The injured worker was diagnosed as status post left shoulder rotator cuff repair and acromioplasty on 3/6/2015, impingement/rotator cuff tendinitis, left rotator cuff tear, SLAP labral tear, acromioclavicular osteoarthritis. Left shoulder ultrasound showed intact supraspinatus. Treatment to date has included therapy and medication management. In a progress note dated 5/4/2015, the injured worker complains of left shoulder pain, weakness, stiffness and instability. Physical examination showed decreased left shoulder range of motion with no signs of infection. The treating physician is requesting a platelet rich plasma injection to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder platelet rich plasma injection to the left 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 (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder platelet rich plasma.

Decision rationale: The MTUS is silent on the use of platelet-rich plasma. Per the ODG guidelines with regard to platelet-rich plasma: Under study as a solo treatment. 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. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a blinded, prospective, randomized trial of PRP vs. placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. The documentation submitted for review does indicate that the injured worker has undergone arthroscopic repair for rotator cuff tear and acromioplasty 3/6/15. However, as the requested PRP injection is not in conjunction with repair, the request is not medically necessary.