

<b>Case Number:</b>	CM15-0140404		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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

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:

This 54 year old woman sustained an industrial injury on 9/19/2013. The mechanism of injury is not detailed. Evaluations include left shoulder MRI dated 12-7-2013 and 9-23-2014, cervical spine MRI dated 9-23-2014, left shoulder ultrasound dated 12-2014, undated left shoulder brachial plexus Doppler, and undated MRI-MRV-MRA of the shoulder thoracic outlet area. Diagnoses include shoulder injury related to vaccine administration, left shoulder internal derangement with impingement and partial thickness supraspinatus and infraspinatus muscle tears, associated cervical spine sprain-strain, left cubital tunnel syndrome, chronic cervical spine myofascial pain, and left brachial plexopathy. Treatment has included oral medications, cervical traction, and physical therapy. Physician notes dated 6-19-2015 show complaints of left shoulder and cervical spine pain. Recommendations include left scalene platelet rich plasma injection, continue physical therapy with traction, and scapular stabilization brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Scalene PRP (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 - 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 Chapter, Anterior scalene block.

**Decision rationale:** Regarding the request for scalene PRP injection, CA MTUS does not address the issue. ODG cites that, if response to exercise is protracted, anterior scalene block has been reported to be efficacious in the relief of acute thoracic outlet symptoms, and as an adjunct to diagnosis. A search of the National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for the use of PRP scalene injections. Within the documentation available for review, there is no clear rationale for the use of scalene PRP injections despite a lack of evidence-based support for its use in the management of the patient's cited conditions. In light of the above issues, the currently requested scalene PRP injection is not medically necessary.

**Ultrasound guidance (for PRP injection):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Anterior scalene block.

**Decision rationale:** Regarding the request for ultrasound guidance for PRP injection, it is noted that the PRP injection is not medically necessary. As such, there is no indication for ultrasound guidance. In light of the above issues, the currently requested ultrasound guidance for PRP injection is not medically necessary.