

Case Number:	CM15-0142585		
Date Assigned:	08/03/2015	Date of Injury:	03/12/1999
Decision Date:	09/01/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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:

The injured worker is a 65 year old male, who sustained an industrial injury on March 12, 1999. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left shoulder impingement syndrome, lumbar discopathy with disc displacement, and lumbar radiculopathy. Treatment and diagnostic studies to date has included a medication regimen. In a progress note dated June 19, 2015 the treating physician reports complaints of pain to the low back that radiates to the bilateral lower extremities along with numbness and tingling with the right side worse than the left side. Examination reveals tenderness to the acromioclavicular joint, positive Neer's, Hawkins', and O'Brien's testing, tenderness to the lumbar paraspinal muscles, decreased range of motion to the lumbar spine with pain and stiffness, positive straight leg raises bilaterally, and decreased sensation to the bilateral sacral one dermatome region. The treating physician requested a series of three platelet rich plasma injections to the left shoulder in place of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection, series of three 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 (ODG), 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, Platelet Rich Plasma.

Decision rationale: Regarding the request for platelet rich plasma injection for the shoulder, CA MTUS does not contain criteria for this procedure. ODG states the platelet rich plasma is under study as a solo treatment, but recommended for augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Within the documentation available for review, there is no indication that the patient has been approved for arthroscopic repair of a large to massive rotator cuff tear. In the absence of such documentation, the currently requested platelet rich plasma injection for the shoulder is not medically necessary.