

<b>Case Number:</b>	CM15-0166815		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/04/2009
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 60 year old female, who sustained an industrial injury on August 4, 2009. She reported injury to her right thumb, right knee, neck, back and left shoulder. The injured worker was currently diagnosed as having left shoulder severe degenerative joint disease, left shoulder impingement syndrome, left shoulder rotator cuff tear and severe biceps tendinitis with partial tearing of the labrum. Treatment to date has included diagnostic studies, surgery, medication, home exercise, chiropractic care and physical therapy. On July 20, 2015, the injured worker complained of constant pain of the left shoulder that increases with repetitive motions or reaching activities. She also reported limited range of motion with frequent crepitus-grinding. Physical examination of the left shoulder revealed tenderness. The treatment plan included repeat visits for re-evaluation, medications, therapy, diagnostic studies and injections. A request was made for a left shoulder platelet rich plasma injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder, PRP (platelet rich plasma) injection, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Pain Platelet-rich plasma.

**Decision rationale:** Guidelines recommend platelet rich plasma therapy as a second line therapy after first line therapy has failed. Treatment with PRP is still considered investigational. There is no documentation of failure of first line therapies for managing shoulder pain. The request for PRP injection for the left shoulder is not medically necessary and appropriate.