

<b>Case Number:</b>	CM15-0167926		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 44-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 15, 2014. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for a referral for platelet rich plasma injection therapy. The claims administrator referenced an RFA form received on July 16, 2015 and an associated progress note of June 18, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 18, 2015 progress note, the applicant reported ongoing complaints of shoulder pain. A referral to consider platelet-rich plasma injection therapy was sought along with extracorporeal shockwave therapy. The applicant was given diagnosis of right shoulder tendinosis with partial thickness rotator cuff tear, shoulder impingement syndrome, and shoulder sprain. Little-to-no narrative commentary with treatment that transpired to date was furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for anti-inflammatory treatment and growth factor therapy by tissue transfer (platelet rich plasma) PRP via needed guided transfer requiring imaging or C-arm procedure: 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 Procedure Summary.

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

**Decision rationale:** No, the request for referral for platelet-rich plasma injection therapy was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Shoulder Chapter Platelet-Rich Plasma topic acknowledges that PRP augmentation is recommended as an option in conjunction with arthroscopic repair for large or massive rotator cuff tears, here, however, there was no mention of the claimant's intent to employ platelet-rich plasma injection therapy in conjunction with the rotator cuff repair procedure. There was no mention of the claimant's having a large or massive rotator cuff tear present on or around the date in question. ODG's Shoulder Chapter Platelet-Rich Plasma Injection topic further notes that platelet rich plasma injection therapy is "under study" as a solo treatment. Here, the requesting provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the tepid ODG position on the same for the diagnosis present here, shoulder tendinosis without an associated large rotator cuff tear. A clear record of what treatment and/or treatments which had transpired prior to the date of the request was not furnished. Therefore, the request was not medically necessary.