

<b>Case Number:</b>	CM15-0181656		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Massachusetts

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 53 year old female who sustained an injury on 11-2-11 and had neck and right shoulder pain from this injury. The medical record from 8-31-15 indicates her pain has continued and is constant and worse 10+ especially in the morning, evening hours. She states it is aggravated by everything and anything. The pain begins on the right side of the neck and snoots down into her shoulder; rotator cuff area. Acupuncture treatment did not help and takes Aleve and Norco as needed. Cervical spine has limited range of motion; right palpable trapezia muscle spasm; right shoulder range of motion full with positive anterolateral pain with full abduction and forward flexion. Diagnoses include cervical spine arthritis; brachial neuritis or radiculitis; bicipital tendonitis; bursitis shoulder; myalgia and myositis; and cervical sprain, strain. The plan included request authorization platelet rich plasma (PRP) injection to the right recalcitrant biceps tendon. Utilization review 9-8-15 requested treatment non-certified

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP injection for the right 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.

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

**Decision rationale:** The claimant sustained a work injury in November 2011 and continues to be treated for neck and right shoulder pain. When seen, there had been no improvement with acupuncture. Restarting physical therapy had been requested. Physical examination findings included decreased and stiff cervical spine range of motion with positive right facet loading and trapezius muscle spasms. There was anterolateral pain with right shoulder abduction and flexion. Impingement testing was mildly positive. There was tenderness of the long head of the biceps tendon with positive Speeds testing. Authorization was requested for a PRP injection for bicipital tendinitis. Platelet rich plasma injection is under study. It can be recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. In this case, the claimant is being treated for biceps tendinitis. A PRP injection is not considered medically necessary for this condition.