

Case Number:	CM15-0188715		
Date Assigned:	09/30/2015	Date of Injury:	09/24/2012
Decision Date:	11/12/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male sustained an industrial injury on 9-24-12. Documentation indicated that the injured worker was receiving treatment for right knee medial meniscus tear with internal derangement, cervical spine sprain and strain and rule out right shoulder rotator cuff tear. Previous treatment included physical therapy, chiropractic therapy, acupuncture, shockwave therapy, injections, home exercise and medications. Magnetic resonance imaging right shoulder (5-25-15) showed supraspinatus tendinosis, moderate acromioclavicular arthrosis and superior humeral migration with subacromial space impingement. In a PR-2 dated 8-11-15, the injured worker complained of pain burning right shoulder pain, rated 5 out of 10 on the visual analog scale, with radiation to the arm and fingers associated with muscle spasms. The injured worker also complained of neck, right wrist and bilateral knee pain. Physical exam was remarkable for right shoulder with positive Neer's, Kennedy Hawkins and Jobe's tests, range of motion: flexion 160 degrees, extension 50 degrees, abduction 165 degrees, adduction 40 degrees, external rotation 60 degrees and internal rotation 50 degrees and 4 out of 10 of 5 right upper extremity strength. The treatment plan included continuing medications, a pain management consultation for cervical epidural steroid injections, orthopedic surgeon consultation for the right shoulder, continuing acupuncture, chiropractic therapy, physical therapy and shock wave therapy and a course of platelet rich plasma therapy for the right shoulder and right knee. On 9-10-15, Utilization Review noncertified a request for platelet-rich plasma therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Therapy 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, Platelet Rich Plasma.

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 under Platelet-rich Plasma.

Decision rationale: The patient was injured on 09/24/12 and presents with pain in the neck, right shoulder, right wrist, and bilateral knees. The request is for a PLATELET RICH PLASMA THERAPY FOR THE RIGHT SHOULDER. The RFA is dated and the patient is not currently working. There is no indication of any prior PRP the patient may have had to the right shoulder. The MTUS and ACOEM Guidelines do not address this request. ODG Guidelines, Shoulder Chapter under Platelet-rich Plasma states, "Under study as a solo treatment; Recommended PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. PRP looks promising, but it may not be ready for primetime as a solo treatment." The patient has a positive Neer's, Kennedy Hawkins and Jobe's tests, and a limited right shoulder range of motion. He is diagnosed with right knee medial meniscus tear with internal derangement, cervical spine sprain and strain and rule out right shoulder rotator cuff tear. Treatment to date includes physical therapy, chiropractic therapy, acupuncture, shockwave therapy, injections, home exercise and medications. The reason for the request is not provided. The 05/25/15 MRI of the right shoulder showed supraspinatus tendinosis, moderate acromioclavicular arthrosis and superior humeral migration with subacromial space impingement. There is no indication that the patient has received PRP treatment in the past. There is no indication of arthroscopic surgery for repair of rotator cuff tear for which this injection is currently indicated. In this case, given the lack of support for platelet-rich treatment from the ODG Guidelines, the request IS NOT medically necessary.