

Case Number:	CM15-0194740		
Date Assigned:	10/08/2015	Date of Injury:	07/27/2002
Decision Date:	11/25/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 62 year old male, who sustained an industrial injury on 7-27-2002. The injured worker is being treated for thoracic or lumbosacral neuritis or radiculitis, brachial neuritis or radiculitis, chronic pain syndrome, unspecified drug dependence and pain in joint shoulder region, cervicalgia and lumbago. Treatment to date has included multiple surgical interventions, diagnostics, medications, physical therapy, and cervical epidural injections. Per the office visit dated 7-16-2015, the injured worker reported a lot of dry mouth. His pain is at 8 out of 10. He has burning pain in the shoulder blades and thighs and he rotates from his couch to his bed. He is unable to shop and clean and he reports generalized pain. He has pain in his shoulders, back, low back and left lower limb. Objective findings included "no major changes." He had an antalgic gait pattern. There was markedly limited range of motion in the left shoulder. There was painful range of motion on the right side, which was also limited. There was tenderness in the low back on both sides of the midline and reflexes were symmetrical but diminished in the upper and lower limbs. Work status was not documented at this visit. The plan of care included PRP injection, stop Percocet and increase methadone. Authorization was requested for Prolotherapy and PRP injection for the right shoulder. On 9-10-2015, Utilization Review non-certified the request for Prolotherapy and PRP injection for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Prolotherapy.

Decision rationale: Regarding the request for Prolotherapy, California MTUS does address the issue. MTUS states that all types of prolotherapy are not recommended at this time as it is still under study. In light of the above issues, the currently requested Prolotherapy is not medically necessary.

Plasma Rich Protein U/S Guided: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, and Low Back Complaints 2004, Section(s): Physical Methods.

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 Plasma Rich Protein U/S Guided, 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 or massive rotator cuff tear. In the absence of such documentation, the currently requested Plasma Rich Protein U/S Guided is not medically necessary.