

Case Number:	CM15-0203267		
Date Assigned:	10/19/2015	Date of Injury:	12/04/2013
Decision Date:	12/04/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/15/2015

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: California, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 55-year-old female who sustained an industrial injury on 12-4-2013 and has been treated for rotator cuff tear per MRI 4-4-2015; and left shoulder sprain, arthrosis, tendonitis, bursitis, and tenosynovitis. On 9-15-2015 the injured worker reported left shoulder pain rated as 6 out of 10 and characterized as constant, and moderate to severe. It was noted to be worse with gripping, grasping, reaching, pulling, lifting, and doing activities at or above shoulder level. The physician noted tenderness at the deltopectoral groove at the insertion of the supraspinatus muscle, and ranges of motion revealed lower degrees of movement than the expected "normal." She had a positive Neer's impingement sign. Additionally, sensation with light touch was noted as slightly diminished along the median and ulnar nerve distribution, and motor strength was 4 out of 5 in all muscle groups. Documented treatment includes left shoulder arthroscopy synovectomy, labral debridement, subacromial decompression, and rotator cuff repair 11-6-2014; and oral and topical medications. The treating physician's plan of care includes 5 sets of platelet rich plasma for the left shoulder "for functional improvement." This was denied on 9-11-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 sets of platelet-rich plasma treatment for the left 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 (ODG), Shoulder, Platelet-rich plasma (PRP).

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

Decision rationale: The MTUS is silent on the use of platelet-rich plasma. Per the ODG guidelines with regard to platelet-rich plasma: Under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. (Jo, 2013) PRP looks promising, but it may not be ready for prime time as a solo treatment. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a blinded, prospective, randomized trial of PRP vs. placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. Per the medical records submitted for review, the injured worker underwent left rotator cuff repair 11/6/14. As PRP injection is recommended as an option in conjunction with arthroscopic repair, it is not indicated as the injured worker underwent repair over a year ago. The request is not medically necessary.