

Case Number:	CM15-0204881		
Date Assigned:	10/21/2015	Date of Injury:	11/14/2014
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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 37 year old male who sustained an industrial injury on 11-14-2014. Treatment to date has included use of arm sling, labral repair, debridement, arthroscopy with SAD, biceps tenodesis, RC strengthening, physical therapy, non-steroidal anti-inflammatory drugs and injections. According to progress reports dated 09-21-2015, the injured worker reported pain in the right shoulder and pain with motion. He continued to have pain and stiffness. Objective findings included tender anterior 100-90 degrees, 20-10. MRI showed arthritis and cartilage loss at glenoid humerus. Diagnoses included unspecified disorders of bursae and tendons in shoulder region, pain in joint shoulder region, articular cartilage disorder shoulder region and closed dislocation of other site of shoulder. The provider noted that the injured worker was weaning off Dilaudid. Major reconstruction may be needed according to the provider. The treatment plan included platelet rich plasma injection under ultrasound. An authorization request dated 09-02-2015 was submitted for review. The requested services included platelet rich plasma injection under ultrasound. On 10-06-2015, Utilization Review non-certified the request for one platelet rich plasma injection with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One platelet rich plasma injection with ultrasound guidance: 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 (Acute & Chronic): 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 (Acute & Chronic), Platelet rich plasma (PRP).

Decision rationale: The claimant sustained a work injury in June 2011 and underwent right shoulder arthroscopic surgery in November 2014 with labral repair and extensive glenohumeral joint debridement. As of 06/26/15 he had completed 24 post-operative physical therapy treatments. When seen, he was having the same pain with motion. He was continuing to take narcotic medications. Physical examination findings included stiffness with decreased range of motion and anterior shoulder tenderness. A PRP injection with ultrasound guidance was requested. Platelet rich plasma injection is under study as a solo treatment. It can be recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. In this case, the claimant underwent a labral repair in November 2014. A PRP injection more than 10 months after this surgery is not considered medically necessary.