

<b>Case Number:</b>	CM15-0024976		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on October 11, 2013. He has reported pain in both of his shoulders while sorting and throwing linens and towels. The diagnoses have included bilateral shoulder pain with impingement syndrome, SLAP tear and associated ganglion cyst, neck pain, bilateral elbow and wrist pain and possible carpal tunnel syndrome at the wrists. Treatment to date has included diagnostic studies, injections, TENS unit, physical therapy, shockwave therapy, medications and acupuncture. He reported no relief of pain with physical therapy, pain medication and acupuncture treatment. Currently, the injured worker complains of pain in his bilateral shoulders with radiation into his neck region and down the arms to the wrists and hands. He has tingling in both arms and hands. There is loss of motion and strength with the right arm. The pain is worse at night and keeps him awake. On January 26, 2015, Utilization Review non-certified platelet-rich plasma injection to the bilateral shoulders, noting the ACOEM and Official Disability Guidelines. On February 10, 2015, the injured worker submitted an application for Independent Medical Review for review of platelet-rich plasma injection to the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet-rich plasma injection to bilateral shoulders:** 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), Criteria for the Use of Extracorporeal Shockwave Therapy (ESWT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, Platelet rich plasma

**Decision rationale:** Pursuant to the Official Disability Guidelines, platelet rich plasma (PRP) injection to the bilateral shoulders is not medically necessary. PRP is under study as a solo treatment. The guidelines recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. PRP does not help patients recover from arthroscopic rotator cuff surgery in the study. In this case, there is no documentation, other than the request for authorization from the treating physician, [REDACTED]. There is no clinical indication or clinical rationale in the medical record for platelet rich plasma injections to the shoulders bilaterally. The injured worker and the objectives of the s working diagnoses (noted on the request for authorization) are bilateral shoulder sprain/strain/internal derangement/tendinitis/rotator cuff tear/acromioclavicular arthrosis. PRP is under study as a solo treatment. PRP augmentation is an option with arthroscopic repair of large to massive rotator cuff tears. There is no documentation as part of the medical record from the treating/requesting physician. Consequently, absent clinical documentation from the requesting physician with a clinical indication and rationale in the absence of arthroscopic surgery, platelet rich plasma injections of the bilateral shoulders is not medically necessary.