

Case Number:	CM15-0219905		
Date Assigned:	11/12/2015	Date of Injury:	01/22/2013
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts

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 53 year old female, who sustained an industrial injury on 1-22-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain. On 10-1-2015, the injured worker reported persistent pain in the right shoulder. The Treating Physician's report dated 10-1-2015, noted the examination showed forward elevation with positive Neer, negative Hawkin's, and tender Jobe's with posterior cuff and subcap intact, no pain at the AC joint and tender O'Brien's. Prior treatments have included right shoulder surgery and PRP injection in January of 2014, physical therapy, and cortisone injection. The treatment plan was noted to include re-evaluation of the shoulder with x-rays and MR Arthrogram. On 10-27-2015 the Physician noted the injured worker's MR Arthrogram showed partial thinning of the rotator cuff. The Physician noted that with the injured worker's examination being the exact same a PRP injection was going to be pursued to try to maintain her full duty for the present time. The request for authorization dated 10-28-2015, requested Platelet- Rich Plasma (PRP) series of Injections, 3. The Utilization Review (UR) dated 10-30-2015, non- certified the request for Platelet-Rich Plasma (PRP) series of Injections, 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-rich Plasma (PRP) series of Injections, 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Shoulder Chapter 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) Pain, Chronic, PRP.

Decision rationale: According to the official disability guidelines, PRP is noted to be "understudy". The small study found a statistically significant involvement in all scores at the end of multiple PRP injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. A series of three PRP injections is not supported by the guidelines. Repeat injections should be based on objective documented functional improvement. Therefore, at this time, the requirement for treatment have not been met and medical necessity has not been established.