

Case Number:	CM15-0220662		
Date Assigned:	11/16/2015	Date of Injury:	05/02/2013
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/10/2015

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

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 62 year old male who reported an industrial injury on 5-2-2013. His diagnoses, and or impressions, were noted to include: left shoulder strain with tendinosis-tendinitis; left shoulder impingement syndrome and bursitis; continuous trauma injury; chronic pain syndrome; and opioid dependence. MRI of the left shoulder was done on 12-31-2013. His treatments were noted to include: implantation of a pain pump (1-2013); an orthopedic evaluation of the left shoulder on 10-24-2013; and medication management with toxicology screenings (7-22-15, 8-19-15 & 9-16-15). The progress notes 7-30-2015 reported: continued left shoulder pain, unimproved following neck surgery. The objective findings were noted to include: an elevation of the left arm to 170 degrees, and pain with Neer's and Hawkins impingement signs; and that his left shoulder pain was primarily from his left shoulder, having failed conservative treatments. The physician's requests for treatment were noted to include left shoulder arthroscopy surgery and usage of platelet rich plasma for tissue healing. The Request for Authorizations, dated 7-30-2015 & 9-16-2015, were noted to include left shoulder arthroscopic surgery with usage of platelet rich plasma for tissue healing. The Utilization Review of 10-15-2015 non-certified the request for the usage of platelet rich plasma for tissue healing in shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection for shoulder surgery: 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).

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

Decision rationale: The Official Disability Guidelines comment on the use of platelet rich plasma (PRP) as a treatment modality. PRP is currently under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. 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. The only thing that was significantly different was the time it took to do the repair; it was longer if you put PRP in the joint. There were also no differences in residual defects on MRI. Platelet-rich plasma did not help patients recover from arthroscopic rotator cuff surgery in this study. Platelet-rich fibrin matrix (PRFM) applied to the site of rotator cuff tendon repair does not improve healing, and in fact might impair it. There was a significantly higher failure rate in the PRFM group than in the control group for double-row/transosseous-equivalent repairs at 12 weeks. The PRFM used in the study was the Cascade Autologous Platelet System. (Rodeo, 2012) Recent research: According to this RCT, autologous platelet-rich plasma injections for rotator cuff disease led to a progressive reduction in the pain and disability when compared to dry needling, and the benefit was still present at six months after treatment. (Rha, 2013) This study explored the efficacy of PRP injections in the wheelchair population with biceps tendon pathology, and found a significant effect of PRP using standardized measures compared to the opposite extremity as a control, with convincing data on the overall positive effect of PRP in the treatment of biceps tendinopathy. The application of PRP during surgery for large to massive rotator cuff repairs significantly improved structural outcomes, as evidenced by a decreased re-tear rate and increased cross-sectional area of the supraspinatus compared with repairs without PRP augmentation. The re-tear rate of the PRP group (20.0%) was significantly lower than that of the conventional group (55.6%). In this case, the records do not indicate that the patient has a massive rotator cuff repair; the one condition for which there is evidence for efficacy. Given that there is no evidence of a large to massive rotator cuff tear, the current evidence does not support the use of a platelet rich plasma injection for shoulder surgery. It is not medically necessary.