

Case Number:	CM15-0030855		
Date Assigned:	02/24/2015	Date of Injury:	06/30/2014
Decision Date:	07/13/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 41 year old male, who sustained an industrial injury, June 30, 2014. The injured worker previously received the following treatments physical therapy, Ketoprofen cream, Cyclobenzaprine, Synapryn, Tabradol, Deprizine, Dicopanor and Fanatrex. The injured worker was diagnosed with headaches, cervical spine sprain/strain rule out HPN (herniated nucleus pulposus), rule out cervical radiculopathy, bilateral shoulder sprain/strain rule out internal derangement, bilateral shoulder tendonitis, bilateral shoulder rotator cuff tears, bilateral shoulder bursitis, bilateral shoulder AC arthrosis, lumbar spine sprain/strain rule out HPN (herniated nucleus pulposus), lumbar radiculopathy, anxiety disorder, mood disorder, sleep disorder and stress. According to progress note of December 13, 2014, the injured workers chief complaint was burning neck pain. The injured worker described the pain as constant, moderate to severe. The injured worker rated the pain at 6-7 out of 10. The pain was aggravated by looking up, looking down and side to side as well as repetitive motion of the head and neck. The injured worker had associated numbness and tingling of the bilateral upper extremities. The bilateral shoulder pain was rated at 6-7 out of 10. The pain was described as moderate to severe. The pain was aggravated by grasping, reaching, pulling, lifting and doing work at or above the shoulder level. The lower back pain was rated at 6-7 out of 10. The pain was described as moderate to severe. There was associated numbness and tingling of the bilateral lower extremities. The pain was aggravated by prolonged sitting, standing, walking, bending, and arising from the sitting position, ascending or descending stairs and stooping. The pain was aggravated by activities of daily living. The physical exam noted tenderness with palpation at the occiputs, trapezius,

splenius, scalene, sternocleidomastoid and levator scapula muscles. The treatment plan included platelet rich plasma injections 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 injections to the shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

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

Decision rationale: The patient presents with pain affecting the neck and shoulder with radiation to the bilateral upper extremities. The current request is for Platelet rich plasma injections to the shoulders. The treating physician report dated 1/10/15 (88B) states, "The patient is to continue PRP treatment for the bilateral shoulders." Regarding platelet-rich plasma injections, ODG guidelines state, "Under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears." The medical reports provided, do not show that the patient is scheduled to have arthroscopic repair of the bilateral rotator cuffs. An MRI of the bilateral shoulders was taken on 8/31/14 (93, 97B) and showed only mild tendinosis of the bilateral rotator cuffs. In this case, the ODG guidelines only recommend PRP injections of the shoulder when large or massive rotator cuff tears are present, and the injections are supported only in conjunction with arthroscopic repair. Furthermore, the current request does not specify an exact quantity of injections to be administered to the patient and the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.