

Case Number:	CM15-0050821		
Date Assigned:	03/24/2015	Date of Injury:	01/29/2014
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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 23 year old male, who sustained an industrial injury on 1/29/2014. He reported bending and lifting a heavy box resulting in lower back pain and left shoulder pain. Diagnoses include left shoulder tendinosis with partial rotator cuff tear, left shoulder sprain and lumbosacral sprain with radicular symptoms. Treatments to date include medication therapy, physical therapy and cortisone injection to the shoulder. Currently, they complained of ongoing left shoulder pain with radiation to left neck and left arm/hand. The physical examination documented on 1/15 there was decreased range of motion in the left shoulder with positive Neer's and Hawkins tests. The plan of care included left shoulder injection of Platelet Rich Plasma.

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 left shoulder: 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, 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) Shoulder (Acute & Chronic), Platelet-rich plasma (PRP).

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for left shoulder pain with a partial rotator cuff tear. He has not undergone surgery. Treatments have included physical therapy, medications, and a shoulder corticosteroid injection. Platelet rich plasma (PRP) 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 has a partial tear and surgery is not being planned. Therefore the requested injection is not medically necessary.