

Case Number:	CM15-0085080		
Date Assigned:	05/07/2015	Date of Injury:	02/01/2012
Decision Date:	06/12/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 61 year old male, who sustained an industrial injury on 2/01/2012. Diagnoses include left shoulder joint pain and right shoulder joint pain. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), multiple surgical interventions (both shoulders, undated and arthroscopic rotator cuff repair on 11/27/2012), physical therapy, cortisone injections, TENS unit, activity modification, pain management, home exercises, work restrictions and medications. Per the Primary Treating Physician's Progress Report dated 3/09/2015, the injured worker reported bilateral shoulder pain and discomfort left greater than right. Pain was rated as 6/10. Physical examination revealed tenderness of the left deltoid with right almost full range of motion and left arm in sling with limited range of motion. The plan of care included injections and authorization was requested for a platelet rich plasma injection in the right shoulder and if no relief, a trial of an intrathecal pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-Rich Plasma (PRP) Injection Right 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 (PRP).

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

Decision rationale: Platelet-rich plasma (PRP) joint injection is under study as a solo treatment. PRP augmentation is recommended 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. In this case, PRP injection is not being requested in conjunction with arthroscopic repair. Solo treatment is not recommended at this time due to lack of evidence. The lack of evidence does not allow determination of efficacy or safety. The request is not medically necessary and should not be authorized.

(If No Relief) Trial, Intrathecal Pain Pump: 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 chapter - Pain pumps, Post operative pain pumps.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 52-54.

Decision rationale: Intrathecal pain pump is an implantable drug delivery system. They are recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The specific criteria in these cases include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain. In this case intrathecal pain pump trial is

being request if Platelet-Rich Plasma (PRP) injection is not authorized. Conditions for intrathecal pain pump have not been met. The request is not medically necessary and should not be authorized.