

<b>Case Number:</b>	CM15-0237557		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	03/12/1999
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 12, 1999. In a Utilization Review report dated November 19, 2015, the claims administrator failed to approve a request for 3 platelet-rich plasma injections to the left shoulder. The claims administrator referenced an October 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 29, 2015 office visit, the applicant was placed off of work, on total temporary disability. Multi-focal complaints of shoulder and back pain were reported. The applicant was given prescriptions for naproxen, Prilosec, physical therapy, drug testing, and platelet-rich plasma injections. The stated diagnosis involving the shoulder was that of left shoulder impingement syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP (platelet rich plasma) injection x3 to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure summary last updated 10/26/2015 platelet-rich plasma (PRP).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Platelet-rich plasma (PRP).

**Decision rationale:** No, the request for three (3) platelet-rich plasma injections to the left shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 204, invasive techniques such as platelet-rich plasma injections in question have limited proven value. Here, thus, the request for 3 consecutive platelet-rich injections was at odds with both the MTUS Guideline in ACOEM Chapter 9, page 204 and with page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the request for 3 platelet-rich plasma injections did not contain a proviso to re-evaluate the applicant after each injection so as to ensure a favorable response to the same before moving forward with further injections. Finally, ODG's Shoulder Chapter Platelet-rich Plasma topic notes that platelet-rich plasma injections are deemed under study. Here, the request for multiple such injections was, for all of the stated reasons, at odds with the MTUS Guideline in ACOEM Chapter 9, page 204, with page 8 of the MTUS Chronic Pain Medical Treatment Guidelines and with ODG's Shoulder Chapter Platelet-rich Plasma topic. Therefore, the request was not medically necessary.