

Case Number:	CM14-0134321		
Date Assigned:	08/29/2014	Date of Injury:	06/16/2012
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of injury of June 2012. A utilization review determination to July 29, 2014 recommends noncertification for a platelet rich plasma injection to the right shoulder. A progress report dated June 16, 2014 identifies subjective complaints of left elbow pain with numbness and tingling in the 4th and 5th digits. The patient also has pain in the right shoulder which increases with overhead reaching in forward flexion. The patient is using a home exercise program as well as application of topical creams. Physical examination findings revealed tenderness subacromial area in the right shoulder and over the rotator cuff expense. The right shoulder range of motion is minimally restricted. There are positive impingement signs at the right shoulder. Diagnoses include left elbow status post collateral repair with residuals, Gastroesophageal reflux disease, lateral epicondylitis, and common extensor tendinosis. The treatment plan recommends topical compound medication, Relafen, and tramadol. Additionally, authorization is being requested for the patient to undergo a series of PRP injections to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of right shoulder platelet rich plasma injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder: PRP (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 Chapter, Platelet Rich Plasma.

Decision rationale: Regarding the request for platelet rich plasma injection for the shoulder, MTUS does not contain criteria for this procedure. The ODG states the platelet rich plasma is under study as a solo treatment, but recommended for augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Within the documentation available for review, there is no indication that the patient has been approved for arthroscopic repair of a large or massive rotator cuff tear. In the absence of such documentation, the currently requested platelet rich plasma injection for the shoulder is not medically necessary.