

Case Number:	CM14-0135300		
Date Assigned:	08/29/2014	Date of Injury:	10/07/2009
Decision Date:	12/15/2014	UR Denial Date:	07/28/2014
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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 54 year old male with a date of injury of 10/07/2009. On 04/19/2013 he had right shoulder arthroscopic debridement of the labrum and rotator cuff. On 07/11/2014 he noted that lifting weights increased the right shoulder pain. With rest and inactivity the pain resolves. He has been treated with physical therapy and NSAIDS. There was tenderness of the proximal biceps tendon on the right. Right shoulder range of motion and strength were normal. Impingement signs were negative. A platelet rich plasma injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection to the Right Proximal Biceps Tendon under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Shoulder, and Platelet Rich Plasma Injection

Decision rationale: MTUS, ACOEM is silent on platelet rich plasma injection. In ACOEM chapter 9 Shoulder Complaints, pages 195 - 220 platelet rich plasma injection is not mentioned

as a recommended treatment. ODG, 2014 notes that it remains under study and is not recommended. "Under study as a solo treatment recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. (Jo, 2013) 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 versus 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. (AAOS, 2010) Platelet-rich plasma did not help patients recover from arthroscopic rotator cuff surgery in this study. (Jo, 2011) Platelet-rich fibrin matrix (PRFM) applied to the site of rotator cuff tendon repair does not improve healing, and in fact might impair it. There was a significantly higher failure rate in the PRFM group than in the control group for double-row/transosseous-equivalent repairs at 12 weeks. The PRFM used in the study was the Cascade Autologous Platelet System. (Rodeo, 2012) Recent research: According to this RCT, autologous platelet-rich plasma injections for rotator cuff disease led to a progressive reduction in the pain and disability when compared to dry needling, and the benefit was still present at six months after treatment. (Rha, 2013) This study explored the efficacy of PRP injections in the wheelchair population with biceps tendon pathology, and found a significant effect of PRP using standardized measures compared to the opposite extremity as a control, with convincing data on the overall positive effect of PRP in the treatment of biceps tendinopathy. (Ibrahim, 2013) The application of PRP during surgery for large to massive rotator cuff repairs significantly improved structural outcomes, as evidenced by a decreased retear rate and increased cross-sectional area of the supraspinatus compared with repairs without PRP augmentation. The retear rate of the PRP group (20.0%) was significantly lower than that of the conventional group (55.6%). (Jo, 2013)" He is not wheelchair bound. Therefore, this request is not medically necessary.