

Case Number:	CM14-0182170		
Date Assigned:	11/07/2014	Date of Injury:	03/08/2010
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 injured worker is a 62-year-old female who reported an injury on 03/08/2010. The mechanism of injury was not submitted for review. The injured worker had diagnoses of osteoarthritis of the AC joint, rotator cuff tear (degenerative/partial thickness), and rotator cuff tear. Past medical treatment consisted of surgery, physical therapy, and medication therapy. On 11/10/2014, an MRI of the right shoulder was obtained, which revealed previous rotator cuff repair with chronic complete tears of both the supraspinatus and infraspinatus tendons, both of which were retracted at the glenohumeral joint level. The teres minor was hypertrophied. The supraspinatus and infraspinatus tendons demonstrated grade 4 atrophy. The subscapularis also demonstrated grade 2 atrophy. On 10/20/2014, the injured worker complained of right shoulder pain. The physical examination of the right shoulder revealed that there was tenderness to palpation laterally over the deltoid. Range of motion was decreased secondary to pain. Strength was diffuse with weakness. There was no joint instability on provocative testing. It was also noted that the injured worker had a positive Neer's test. The medical treatment plan was for the injured worker to undergo platelet rich plasma (PRP) injection to the right shoulder. The rationale and Request for Authorization form were not submitted for review.

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: PRP

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

Decision rationale: The request for platelet rich plasma (PRP) injection to the right shoulder is not medically necessary. According to the Official Disability Guidelines, platelet rich plasma injections are under study as a solo treatment. They recommend PRP augmentation as an option in conjunction with arthroscopic repair of a large to massive rotator cuff tear. PRP look promising, but 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. The submitted documentation did not indicate measurable pain levels of the injured worker's right shoulder. Guidelines also state that platelet rich plasma injections are not recommended as a solo treatment, there was no indication in the submitted documentation that the injured worker was undergoing any other type of treatment. Furthermore, the efficacy of platelet rich plasma is still questionable. There is no science behind the injections. Given that the ODG do not recommend platelet rich plasma injections and the lack of submitted documentation, the request is not warranted. As such, the request is not medically necessary.