MAXIMUS Federal Services

Case Number:	CM14-0098113		
Date Assigned:	07/28/2014	Date of Injury:	09/16/2012
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 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:

The injured worker is a 43-year-old female who reported an injury on 09/16/2012. The injured worker was noted to undergo an MRI of the left shoulder. The mechanism of injury was the injured worker went into the room of an older hispanic male and the older hispanic male grabbed the water pitcher from his room (which was full of water) and the injured worker outreached with both arms to grab the water pitcher and wrestle it away from the patient. The patient's slapped the injured worker with his free hand, grabbed his wet pajama pants and slapped her with those. The injured worker released her grip on the pitcher and the patient struck the injured worker in the head with the pitcher. The injured worker's medications were noted to include Flexeril, tramadol, and naproxen. The injured worker was noted to undergo a right carpal tunnel surgery, a left shoulder surgery, and another noncontributory surgery. The injured worker underwent a fluoro arthrogram of the left shoulder with gadolinium on 12/18/2013. The reading included an intact left rotator cuff, a status post anterior labral debridement since the prior MRI without evidence of recurrent labral tear. The injured worker was status post subacromial decompression with an acromioplasty. The documentation of 05/29/2014 revealed the injured worker had a shoulder injection with no improvement. The injured worker complained of left shoulder pain with an inability to perform certain activities. The physical examination revealed the injured worker had positive left shoulder depression testing producing left sided neck and shoulder pain. The right shoulder compression test produced left sided neck pain. The Soto-Hall test produced neck pain and the cervical distraction test reduced the left neck pain. The empty can test produced pain in the left anterior shoulder. The injured worker had decreased range of motion in forward flexion, extension, lateral flexion on the right and rotation on the left. The injured worker had tenderness in the subacromial region and ratcheting with all ranges of motion. There was limited range of motion with the most pain upon flexion and abduction. The

diagnoses included left shoulder labral tear and adhesive capsulitis and the treatment plan included platelet rich plasma injections. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Three (3) Platelet-rich Plasma Injections to the Left 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, Treatment Index, 11th Edition (web), 2013, Shoulder Chapter: 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 (ODG) Shoulder Chapter, Platelet-rich plasma (PRP).

Decision rationale: The Official Disability Guidelines recommend platelet rich plasma augmentation as an option in conjunction with arthroscopic repair for massive rotator cuff tears. The clinical documentation submitted for review failed to indicate the injured worker was undergoing repeat surgical intervention. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, 3 injections would not be performed without a re-evaluation after the first injection to indicate the injured worker had objective functional improvement and an objective decrease in pain. Given the above, and the lack of documented rationale, the request for a Series of Three (3) Platelet-rich Plasma Injections to the Left Shoulder is not medically necessary.