

Case Number:	CM14-0191331		
Date Assigned:	11/25/2014	Date of Injury:	09/24/2010
Decision Date:	01/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 24, 2010. In a Utilization Review Report dated November 7, 2014, the claims administrator denied a request for a right shoulder platelet-rich plasma injection, citing an October 21, 2014 progress note. The claims administrator invoked non-MTUS ODG guidelines and stated that it was not clear that the applicant had failed conservative treatment, although the claims administrator did acknowledge that the applicant had undergone earlier shoulder surgery, unspecified amounts of physical therapy, and/or unspecified amounts of manipulative therapy. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 21, 2014, the applicant was kept off of work, on total temporary disability, owing to heightened complaints of shoulder pain, upper extremity paresthesias, and sleep disturbance. Shoulder strength and range of motion were apparently normal, despite pain complaints. The applicant had issues with diabetes. The attending provider stated that he did not wish to pursue steroid injection therapy on the grounds that the applicant was an insulin-dependent diabetic. A platelet-rich plasma injection was therefore endorsed while the applicant was kept off of work, on total temporary disability. In an orthopedic consultation dated October 26, 2014, the applicant was described as status post earlier right shoulder subacromial decompression surgery of March 7, 2014. The applicant had an irreparable rotator cuff tear, it was stated. The applicant was receiving disability benefits, it was acknowledged, in addition to Workers' Compensation indemnity benefits. The applicant was on metformin, Zestril, Norco, Klonopin, and Desyrel, it was acknowledged. The applicant was given a 22% whole person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Platelet Rich Plasma (PRP) Injection: Overturned

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

Decision rationale: The MTUS does not address the topic. While ODG's Shoulder Chapter Platelet-Rich Plasma topic acknowledges that platelet-rich plasma injections are "under study" as a solo treatment, ODG qualifies its tepid position by noting that it recommends PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. Here, the applicant apparently has a large rotator cuff tear which was apparently deemed irreparable on an earlier shoulder arthroscopy in 2014. The applicant is not a candidate for shoulder corticosteroid injections on the grounds that the attending provider is concerned about worsening the applicant's underlying diabetes control. The applicant has exhausted other operative and nonoperative treatments, including time, medications, physical therapy, earlier shoulder arthroscopy, etc. Moving forward with platelet-rich plasma injections is indicated, particularly in light of the fact that ODG does recommend PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears, as appears to be present here. Therefore, the request is medically necessary.