

<b>Case Number:</b>	CM14-0212717		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	12/08/2006
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 66 year old female claimant sustained a work injury on December 8, 2006 involving the shoulders. She was diagnosed with right shoulder impingement syndrome. She had undergone a left shoulder arthroscopic surgery. A progress note on July 24, 2014 indicated the claimant had tenderness in the right shoulder with weakness and a positive drop arm test. The treating physician requested platelet rich plasma injections to the right shoulder. The claimant had previously failed cortisone injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder PRP injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Official Disability Guidelines (ODG) shoulder pain and platelet rich plasma.

**Decision rationale:** According to the guidelines, platelet rich plasma is under study. Prior studies looking at patients with rotator cuff injury intervention with platelet rich plasma versus placebo showed no differences. Recent research shows decrease in pain and disability for rotator cuff injuries. The current request for a platelet rich plasma injection is not medically necessary.