

<b>Case Number:</b>	CM14-0213522		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	11/20/2014
<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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 35-year-old male who reported an injury on 09/20/2010. The mechanism of injury was due to continuous trauma to the shoulder due to pulling and pushing for 2 days straight. The injured worker's diagnoses consists of right shoulder pain, status post arthroscopic acromioplasty, Mumford, SLAP repair, and debridement, and anxiety disorder. Past medical treatment consists of surgery, 26 completed postop physical therapy visits, and medication therapy. Medications include Norco 10/325 mg, Restoril 30 mg, Robaxin 750 mg, Cymbalta 30 mg, and Biofreeze topical roll on gel. On 06/18/2013, the injured worker underwent an MRI of the right shoulder, which revealed status post subacromial decompression, no complications, modest cuff tendinopathy, and mild glenohumeral capsulitis, possibly an adhesive capsulitis. On 10/09/2014, the injured worker was seen on a follow-up and complained of severe shoulder pain, which he rated at a 5/10 with medications. On physical examination, it was noted that the injured worker's right upper extremity was in a sling. The rest of the examination was unchanged. On 09/09/2014, the physical examination noted there were focal points of tenderness on the anterior aspect of the right shoulder. The injured worker had his arm in a sling in place. The treatment plan is for the injured worker to continue with medication and undergo right shoulder scope with posterior stabilization and PRP. A 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:

**Right Shoulder Scope with Posterior Stabilization, PRP: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diagnostic arthroscopy; Platelet-rich plasma (PRP)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Platelet-rich plasma (PRP).

**Decision rationale:** The request for right shoulder scope with posterior stabilization, PRP is not medically necessary. The California MTUS/ACOEM Guidelines state that for surgical consideration there should be signs of red flag conditions to include acute rotator cuff tear, glenohumeral joint dislocation; activity limitation for more than 4 months, plus existence of a surgical lesion; failure to increase range of motion and strength in the musculature around the shoulder even after exercise programs; and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. If surgery is a consideration, counseling regarding likely outcomes, risks, benefits, expectations, in particular, is very important. The Official Disability Guidelines further go on to state that platelet rich plasma is under study as a solo treatment. The guidelines recommend PRP augmentation as an option in conjunction with arthroscopic repair from large to massive rotator cuff tears. The submitted documentation dated 10/09/2014 indicated the injured worker had shoulder pain, which he rated a 5/10 with medications. However, the documentation did not indicate any signs of a red flag, to include acute rotator cuff tear or glenohumeral joint dislocation. It was noted that the injured worker had completed 26 postoperative visits of physical therapy. MRI which was obtained on 06/18/2013 indicated that the injured worker's AC joint had been taken down, with no apparent complication or regrowth of spur. Rotator cuff was at modest insertional cuff tendinopathy, but no tear. In regard to the glenohumeral joint, there was no effusion and articular cartilage was intact. Given the evidence based guidelines and the submitted documentation, the request would not be indicated. As such, the request is not medically necessary.