

<b>Case Number:</b>	CM15-0000692		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/30/2004
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 72 year old female, who sustained an industrial injury on 06/30/2004. She had reported injuries to the left shoulder, arm, and hand. The diagnoses have included left shoulder impingement syndrome, left ulnar nerve entrapment, and left carpal tunnel syndrome. Treatments to date have included surgery, physical therapy, and medications. Currently, the IW complains of pain in the left shoulder, left elbow, and left wrist with numbness and tingling in the left hand. The physician stated the injured worker has been instructed to continue taking her medications and apply the compound creams to the affected area for symptomatic relief of her pain and inflammation, as well as muscle spasms. On 11/20/2014, the injured worker submitted an application for IMR for review of Platelet Rich Plasma (PRP) injections to the left shoulder (quantity unknown). On 12/01/2014, Utilization Review non-certified the above request noting there is a lack of long-term literature revealing efficacy of this requested service in this injured worker's clinical scenario. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**platelet rich plasma injections to the left shoulder (quantity unknown): 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) Shoulder chapter, platelet-rich plasma

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter,platelet-rich plasma

**Decision rationale:** The patient presents with pain in the left shoulder radiating to the left upper trapezius muscle, left elbow and left wrist with numbness and tingling in the left hand. The request is for PLATELET RICH PLASMA INJECTIONS TO THE LEFT SHOULDER - QTY UNKNOWN. Physical examination to the left shoulder on 09/26/14 revealed tenderness to palpation over the left acromioclavicular joint. Neer's, Hawkin's and O'Brien's tests were positive. Based on the 11/03/14 progress report, the patient has been instructed to remain off-work and treat per AME. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the shoulder chapter on platelet-rich plasma states, "Under study as a solo treatment. Recommended PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. PRP looks promising, but it may not be ready for primetime as a solo treatment." The 11/03/14 progress report shows that a request was made for PRP injections to the left shoulder to help alleviate pain and avoid surgery. There is no indication that the patient has received PRP treatment in the past. There is no indication of arthroscopic surgery for repair of rotator cuff tear for which this injection is indicated currently. In this case, given the lack of support for platelet-rich treatment from the ODG Guidelines, the request IS NOT medically necessary.