MAXIMUS Federal Services

Case Number:	CM15-0011616		
Date Assigned:	01/28/2015	Date of Injury:	04/04/2013
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old, male patient, who sustained an industrial injury on 04/04/2013. A secondary treating follow up visit dated 12/02/2014 reported subjective complaint of severe neck pain that radiated into the upper extremities associated with numbness and weakness. He reported spasming and popping of his neck. He is also noted having difficulty with lifting, pushing, pulling, overhead activities and driving. Physical examination found spasm, tenderness and guarding in the paravertebral musculature of the cervical and lumbar spine with associated decreased sensation over C5, C6 and C7 dermatomes bilaterally. He is found to have difficulty with elevating arm. Impression noted as with cervical radiculopathy and intervertebral disc disorder. Based on the patient's symtomology, physical findings and failure to improve with extensive conservative management a request was made to undergo a cervical epidural injection. On 12/31/2014 utilization Review non-certified the request, noting the Official Disability Guidelines plasma injection was cited. The injured worker submitted an application for independent medical review of the request service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections platelet rich plasma of bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 12 Edition (Web 2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder

Decision rationale: The MTUS is silent on the use of platelet-rich plasma. Per the ODG guidelines with regard to platelet-rich plasma: Under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. (Jo, 2013) PRP looks promising, but it may not be ready for prime time as a solo treatment. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a blinded, prospective, randomized trial of PRP vs placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. The documentation submitted for review does not indicate that the injured worker has undergone arthroscopic repair for rotator cuff tear. As the requested treatment is not recommended by the guidelines, the request is not medically necessary.