

Case Number:	CM15-0011738		
Date Assigned:	01/29/2015	Date of Injury:	09/29/2003
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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 74-year-old female, who sustained a work/ industrial shoulder injury on 9/29/03 when she slipped and fell hurting both shoulders. She has reported symptoms of right shoulder discomfort that radiates into the right forearm without numbness or tingling. The left shoulder has soreness, aching, constant pain from lumbar disc and osteoarthritic pain. Prior medical history includes hypertension, colon cancer, coronary artery disease (CAD), lumbar disc displacement, gastroesophageal reflux disease (GERD), and general osteoarthritis. Surgery was performed on the left shoulder 5 years ago. The diagnoses have included neuralgia, sprain of rotator cuff. Physical exam on 12/15/14 revealed left shoulder tenderness to palpation, crepitus, and positive orthopedic testing. Bilateral x ray's noted degenerative joint disease, and left shoulder hardware in place. Pain was rated 10/10 without medication and 2-3 with medication. Treatment to date has included medication, physical therapy. Medications included Lyrica, Norvasc, Diclofenac Sodium, Ditropan XL, Aspirin, Gabapentin, Zantac, and Hydrochlorothiazide. The treating physician requested treatment with platelet rich plasma injection and electromyogram (EMG)/Nerve conduction Studies (NCV) referral for further treatment. On 12/24/14, Utilization Review non-certified (1) Platelet Rich Plasma (PRP) injection to the left shoulder with ultrasound guidance and NCV referral, noting the American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Platelet Rich Plasma (PRP) injection to the left shoulder with ultrasound guidance:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Platelet rich plasma injection, shoulder

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

Decision rationale: This patient presents with chronic left shoulder pain. The current request is for 1 PLATELET RICH PLASMA (PRP) INJECTION TO THE LEFT SHOULDER WITH ULTRASOUND GUIDANCE. The Utilization review denied the request stating that evidence based guidelines indicate PRP injections are still under study. 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." 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 in conjunction with this treatment. In this case, given the lack of support for platelet-rich treatment from the ODG Guidelines, the request IS NOT medically necessary.

1 NCV Referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: This patient presents with chronic left shoulder pain. The current request is for NCV REFERRAL. The Utilization review denied the request stating that prior EMG/NCV which revealed bilateral carpal tunnel syndrome. Prior EMG/NCV reports have not been provided. For NCV of the bilateral upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. In this case, there is no documentation of progressive neurological changes affecting the upper extremities to warrant a repeat NCV. This request IS NOT medically necessary.

